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OI CONSOLIDATED INTERROGATION REPORT (CIR) No 2

HITLER AS SEEN BY HIS DOCTORS

Sources	Position
"G" : GIESING, Dr Erwin	"G" : Oberstabsarzt
"vH" : von HASSEBACH, Dr Hanskarl	"vH" : Oberfeldarzt
"B" : BRANDT, Dr Karl	"B" : Reichskommissar fuer Sanitaets- und Gesundheits- wesen

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Return to NAZI WAR CRIMES DISCLOSURE ACT
Intelligence 2000

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DATE 10/2/58

SPECIAL COLLECTION

RELEASE IN FULL

1. REFERENCES

- a. CCPWE # 32 (ASHCAN) Report DI-17, dated 30 Jun 45 (Source: BRANDT)
- b. CCPWE # 32 (ASHCAN) Report DI-21, dated 2 Jul 45 (Source: BRANDT)
- c. CCPWE # 32 (ASHCAN) Report DI-30, dated 12 Jul 45 (Source: BRANDT)

No previous reports on GIESING or von HASSELBACH are on file at this Center.

2. REASON FOR REPORT

This report is the first of a series dealing with Hitler. It is based on information obtained from doctors who examined and treated him during the past year. The information is being published in order to provide:

- a. medical data useful for the identification of Hitler or his remains.
- b. further material for the debunking of numerous "Hitler Myths".
- c. the knowledge needed to expose those frauds who in later years may claim to be Hitler, or who may claim to have seen or talked to him.
- d. research material for the historian, the doctor and the scientist interested in Hitler.

No attempt has been made to interpret the findings of the physicians. They were questioned separately. Some of the information was produced from memory.

Throughout the report

"G" is used to designate the findings of Dr GIESING.

"vH" is used to designate the findings of Dr von HASSELBACH.

"B" is used to designate the findings of Dr BRANDT.

3. REPORT: "HITLER AS SEEN BY HIS DOCTORS"

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a. Introduction: Sources

(NOTE: For details of Sources' careers, see ANNEX I).

(1) Source "G"

Name : GIESING, Dr Erwin
Position : Oberstabsarzt in charge of the eye, ear, nose and throat section of Reserve Lazarett II, LOETZEN/East Prussia; this hospital was later transferred to AMBERG/Bavaria.
Interned : 23 Apr 45 at AMBERG/Bavaria
Interrogated : 30 Aug 45

Dr GIESING was called in by Dr von HASSELBACH, one of Hitler's regular physicians, to treat the Fuehrer and others injured 20 Jul 44 in the attempted revolution. Detainee was consulted because he was the only EENT specialist in the vicinity.

Prof von EICKEN, chief of the EENT clinic at the 'Charite' Hospital in BERLIN and the surgeon who performed two operations on Hitler (1934 and 1944) thinks highly of GIESING's ability. And detainee appears to have examined Hitler more thoroughly than his personal physicians. Source is not only a specialist in EENT, but has experience in other medical fields. His opinions are regarded as reliable, and his examination of HITLER appears to have been an exhaustive one.

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(2) Source "vH"

Name : von HASSELBACH, Dr Hanskarl
Position : Oberfeldarzt, Chief Surgeon of Army Field Hospital 2/562.
Interned : 13 Apr 45 at ALBRECHTSHAUS (Harz)
Interrogated : 10 Sep 45

Dr von HASSELBACH was one of Hitler's accompanying surgeons from 1934 to 9 Oct 44. He was the doctor who first treated him after the 20 Jul attack. Doctors GIESING and BRANDT state that von HASSELBACH is a very critical doctor -- probably one of the few people associated with Hitler who did not fall under his spell. Von HASSELBACH appears to be reliable.

(3) Source "B"

Name : BRANDT, Dr Karl
Position : Reichskommissar fuer Sanitaets- und Gesundheitswesen
(Reich Commissioner for Health and Medical Service)
Interned : 23 May 45 at FLENSBURG
Interrogated : 30 Aug 45

Dr BRANDT is a 41-year old surgeon, rather young for the positions he held. He accompanied Hitler to VENICE in 1934 and has been on the personal medical staff ever since that time. He was relieved in Oct 44. Detainee appears to be reliable.

b. Hitler's State of Health and Medical Characteristics(1) GENERAL

"G" ... Hitler gave the impression of being about 56 years of age in 1944. His nutritional state of health was good. Weight was about 72 to 74 kg, height 175 to 177 cm. Temperature, pulse and respiration were normal on several occasions.

"vH" ... Up to 1940 Hitler appeared to be much younger than he actually was. After that date, however, he aged quite rapidly. From 1940 to 1943 he actually looked his age, while after that time he gave the appearance of having grown old. His hair turned quite grey during the last months. Hitler's body began to stoop (kyphosis of dorsal spine), which may have been due in part to lack of exercise. Patient did not like to walk even short distances. A tremor of head and hands was quite noticeable, particularly when subject brought a cup to the mouth or signed documents. Toward the end, his features still appeared to be smooth and relatively juvenile. Nutritional state of health appeared to be good up to 1944, but declined afterward. Hitler was aware of his predisposition toward adiposity and limited his food intake. His appetite was good. Cannot recall information regarding height, weight or TPR.

"B" ... Hitler appeared to be about 55 years of age in 1944. Nutritional state of health was good. Weight was about 80 kg, height 175 or 176 cm. TPR not taken. "B" states that Hitler was definitely a psychopathic personality.

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(2) MEDICAL HISTORY

- "G" ... Patient suffered from intestinal cramps over a long period, particularly after 1933. These may have been of hysterical origin, or may have arisen from an overdose of drugs. Hitler exhibited a pulmonary apical pathology in childhood, which disappeared in later years. Subject was operated on twice, in 1935 and Nov 44—both times for a laryngeal polyp on the anterior third of the left vocal cord. Both operations were performed by Dr von EICKEN of the 'Charite' Hospital in BERLIN. Hitler showed signs of jaundice (Aug-Sep 44): bronzing of face and icteric discoloration of sclera. This probably was due to a strychnin intoxication brought about by two years' use of Dr KOESTER's Anti-Gas Pills (Extr Nux Vom; Extr Bellad AA 0.5; Extr Gent 1.0). In Sep-Oct 44, Dr von EICKEN also carried out a maxillary sinusitis draining and washing.
- "vH" ... Hitler complained of meteorism—especially after eating black bread and cabbage—and an abnormal feeling in the epi-hypogastric region. These symptoms probably were due to a neurosis, since occasional errors in diet (such as the intake of lentils and peas) brought only the normal amount of complaining. Furthermore, the prescription of unsuitable and useless drugs for these complaints brought about improvement.
- "E" ... Epigastric cramps and vomiting were noted during 1944-45. These probably were the result of constant strychnin and atropin medication and not of hysteric origin.

(3) SCARS

- "G" ... A double-bean sized, non-irritating contracted linear scar was seen on the left leg. It was located on the lateral aspect of the middle third of the left thigh. It was probably caused by shrapnel during the first world war. Shrapnel fragments may possibly be found in the soft tissue of that region.

A scar was located on the right knee, at the level of the jointspace, close to the inferior medial margin of the patella; longitudinal axis latero-caudad to medio-cephalad. The length of scar was about 1 cm, width 2 mm. It resulted from injuries on 20 Jul 44.

A thin, superficial skin scar, of rice-corn size, was located in the extensor region of right hand, middle of third metacarpus.

Immunization scars were not definitely recognized.

- "vH" ... No knowledge of scars prior to 20 Jul 44. The injuries of that date consisted of tearing of the skin on lower third of both thighs, hematomas on the right elbow and on the dorsum of the left hand. There were also minimal injuries to fingers. These were superficial skin wounds, which would probably leave minimal scars. After the 20 Jul 'Putsch' a bean-sized thickening of the extensor tendon of the third finger of the left hand, close to the metacarpo-phalangeal joint was noted. The tumor moved when the affected finger was exercised, indicating probable injury to the tendon.

/On other than these places ...

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SCARS (contd)

"vH" ... (contd) On other than these places no rubor was noted. Hematomas were gradually absorbed, with tenderness continuing no longer than normal. Dr MORELL applied a bandage soaked in acid aluminum acetate on the elbow. This resulted in dermatitis with pruritus which lasted about two weeks.

"B" ... Hematoma was present on the extensor region of the right forearm close to the elbow joint. This resulted from the 20 Jul explosion.

(4) SKIN

"G" ... Color of face and body was white and pale. Texture of skin was fine. Skin tone of face was slightly decreased. A temporary eczema was noted in Jul 44 on both lower extremities (shins). Sensitivity of skin was normal. Dermography on skin of chest, back and forearms showed an abnormal response, apparently from vessel lability. This, according to Source, was probably due to continued medication (strychnin-atropin pills prescribed by Dr MORELL).

"vH" ... Skin of face was rosy-white and of a healthy color. The rest of the body was pale-white. (Hitler did not like to expose himself to the sun). Turgor and tonus of face was good. Hitler was disposed to acquire pustules and small furuncles in the posterior aspect of the neck. However, they never required incisions or patches. Petechiae or cicatrices were not otherwise observed. Sensitivity of skin was normal so far as observed. After the 20 Jul attack, Hitler remarked that for some time past he had noticed a disturbance in sensation of left leg. Normal sensation returned to that leg after the attack.

"B" ... Skin was pale and white, sensitive to sunlight and of very fine texture. Hair growth and distribution was moderate. Skin showed no evidence of petechiae. Psoriasis was not present on extensor surfaces of leg.

(5) FACE

"G" ... Hitler's face showed distinct naso-labial folds. No asymmetry was noted. Turgor of soft tissue over both maxillary sinuses was decreased. Both zygomas were not unduly prominent. Facial expression at the time of examination (Jul 44): fatigued, exhausted, with appearance of senility.

"vH" ... Facial expression was impressive, vivacious, but changeable. His large, coarse nose disturbed the fine facial features, but his fascinating eyes compensated. Pictures are unable to reproduce the suggestive power of his face. It was not conspicuously asymmetrical.

"B" ... There was a slight asymmetry of the eyes (left slightly lower than right). A minimal degree of hypertelorism was noted. Naso-labial folds were distinct. Some tenderness was noted in the region of the maxillary sinuses.

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(6) HEADa. General

- "G" ... Temporal vessels were not prominent. The mastoid cells were of normal translucency according to X-ray diagnosis.
- "vH" ... Temporal vessels were no more prominent than age would indicate. Forehead was high and skull shape not abnormal.
- "B" ... Temporal vessels not prominent.

b. Scalp

- "G" ... Hair was darkbrown, almost black; grey in region of temples. Hair was beginning to thin.
- "vH" ... Hair was thick and showed no sign of thinning.
- "B" ... Hair was darkbrown, slightly grey on temples and less on scalp and mustache. It was parted on the right.

c. Eyes

- "G" A slight suggestion of exophthalmus and a slight ocular hypertelorium were observed. Ophthalmic tension not measured. Movements of lids were normal and showed no lag. Pupils were normal in size, regular. They showed normal consensual reaction to light. Turbidity of corpus vitreum was noted by an eye doctor in 1936. Turbidity became worse and Hitler complained about it in 1944. Some hyperopia of right eye developed. Conjunctiva, sclera, cornea showed no evidence of pathology. The color of eyes was blue, but with a slight shading of grey. Fundusoscopic examination was not made.
- "vH" ... Exophthalmus slight. Ocular movements were normal and coordinated. GRAEFE, MOEBIUS and STELLWAG signs were negative. Nystagmus appeared absent. Lids showed no evidence of pathology. Pupils were not examined. There were, however, no signs of miosis, mydriasis or irregularity. Conjunctiva was normal. Cornea was transparent and no vascularization was noted. No examination of anterior chamber, lens or tactile tension was made. Diplopia, nystagmus and lag were absent.
- "B" ... Eyes blue in color with a fine shading of grey. Eyes were hyperopic. Exophthalmus of a slight degree was evident. Tension, movements, lids, pupils, conjunctiva, cornea, sclera and fundi were not examined. Arcus superciliaris was slightly prominent. No pathology of orbit was noted.

NOTE: Hitler's Eye Doctor was Dr LOEHLEIN
(see para 4, "Comments and Recommendations").

/d.

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HEAD (contd)d. Ears

- "G" ... Neither ear showed any deformity, abnormality or other pathology of the pinna, helix, fossa of helix, anthelix, fossa of anthelix, concha, tragus, antitragus or lobuls. No evidence of pathology in either external auditory canal was present. Membranae tympani: a 2-mm long superficial scar was present in the left ear below and parallel to the manubrium of malleolus; a pea-sized scar was present in the right ear—posterior superior quadrant.
- "vH" ... No pathology of external ear was noted. Hearing was good until 20 Jul 44, after which it was impaired.
- "B" ... Ears had somewhat large helices.

e. Nose

- "G" ... The nose was straight, somewhat fleshy, with a slight protuberance in the middle of the dorsum. Mucosa was dry on both sides. Slight hypertrophy of right inferior nasal concha was noted. The right middle nasal concha appeared normal. The left inferior nasal concha showed no evidence of pathology, but hypertrophy and beginning polypoid degeneration were found in left middle nasal concha. The cartilaginous septum, at the inferior margin, showed a deviation to the left, and a prominent cartilaginous-osseous ridge was observed on the nasal floor. The superior margin of cartilaginous septum showed a deviation to the right. Nares appeared slightly large. Patency of nasal passages and choanes were observed.
- "vH" ... No examination.
- "B" ... Distal portion of nose broad and fleshy. Nares large.

f. Mouth

- "G" ... No abnormality of pathology of upper or lower lips was observed.

The upper, lower right and left second and third molars were missing. The upper right lateral incisor, the lower left lateral incisor had a porcelain jacket. The upper right second bicuspid, the upper left first molar and the lower left first bicuspid had gold crowns. The lower right cuspid and lower right first molar were replaced by a fixed bridge.

Gingiva were slightly retracted and necks of left and right upper cuspids and first bicuspid were somewhat exposed. No evidence of paradentosis or caries was noted. (NOTE: This entire denture scheme was written down from memory).

The tongue appeared to be small. No fissures, fibrillation, deviation, atrophy or other pathology was noted.

The right and left tonsils showed adhesions to the glossopalatine arches. No adhesions to the pharyngopalatine arches were observed. The left tonsil was of walnut size, the right one-third larger. A scar 1 cm by 3 mm was seen in the middle of right glossopalatine arch and parallel to it. The scar apparently is the result of an old acute tonsillitis.

/No feter ex oro

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Mouth (contd)

"G" ... No feter ex oro was present.
(contd)

Uvula showed no deviation, atrophy or any other pathology.
It was of medium size.

"vH" ... No examination.

"B" ... Upper and lower lips were small. Mucosa, gingiva and tongue
showed no evidence of pathology. Tongue very often was furred.
Tonsils showed evidence of past pathology.

(7) NECK

"G" ... The neck showed normal mobility. No torticollis, enlarged lymph
nodes or pulsation was observed. No enlargement or symptoms
referring to the thyroid were observed.

The mucosa of the larynx showed a slight hyperemia. No evidence
of patholgy in the region of the superior thyro-arytenoid ligaments
(false vocal cords) was present. The inferior thyro-arytenoid
ligaments (true vocal cords) were of medium size, smooth. A bilat-
eral vocal cord muscle paresis (interni paresis) was observed.
The naso-, oro-, and laryngo-pharynx showed the presence of slight
granulation of mucosa.

"vH" ... Thyroid, while not examined, did not appear to be enlarged, and
no symptoms of thrototoxicosis were present.

The larynx was not examined. However, frequent clearing of
throat indicated that a mild pharyngitis, laryngitis or pharyngo-
laryngitis was present.

"B" ... Neck was normally mobile; pulsation was absent. The thyroid was
normal. Folliculitis scars were noted in the midline of the
posterior aspect of the neck at the level of the third cervical
vertrebra. Larynx, pharynx and vocal cords were not examined.

(8) CHEST

"G" ... No evidence of abnormality or pathology were noted in supraclavic-
ular, sternal, clavicular, mammary, inframammary, scapular, inter-
scapular, infrascapular, axillary and infra-axillary regions.
The thorax appeared sthenic, was symmetrical but slightly caved
anteriorly. Anterior, posterior lateral diameters and circum-
ferences were not measured.

"vH" ... No examination.

"B" ... Breast and nipples were normal, thorax sthenic. Retraction and
pulsation not noted.

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(9) LUNGS

"G" ... The lung borders appeared normal and were well retractable. Breath and voice sounds were normal. No evidence of rales was present.

"vH" ... No examination.

"B" ... No examination.

(10) HEART

"G" ... Blood pressure at rest taken by Dr MORELL (25 Aug 44) showed systolic pressure of 143 mm Hg, diastolic pressure of 87 mm Hg. The systolic pressure rose to 175 mm Hg when patient was mentally excited. The apex of the heart was located by percussion and was found to be in the fifth intercostal space, on the midclavicular line. Heart outline was normal. No murmurs and thrills were found. Slight respiratory arrhythmia was present. No efficiency test was made.

"vH" ... Hitler complained of having a weak heart. He had avoided all forms of exercise since 1938. He avoided going to the 'Kehlstein' house (1,800 meters above sea level) because he felt a tightening of his chest there. However, his capacity for work did not diminish. Source concluded that these symptoms, like the epigastric pains and cramps, were of hysterical origin. However, no tests were made.

"B" ... No examination.

(11) ABDOMEN

"G" ... Contour was normal. There was no evidence of hypertrichosis. No scars were observed. Rectus abdominis reflex was normal. There was no palpable liver or spleen enlargement. No pain over Mac Burney's point. Cremaster reflex normal. No inguinal or femoral hernias.

"vH" ... No examination.

"B" ... Contour was normal. No scars were observed. Examination revealed no rigidity or tenderness. Intestinal activity was abnormal. No masses or tumors were palpated. Musculus rectus abdominis and cremaster reflexes were not tested. Inguinal or femoral hernias were not present.

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(12) LYMPHATIC GLANDS

"G" ... Small lymph nodes were palpated in the inguinal regions, but no tenderness was detected. In the region of the angle of the left mandible, a double-bean sized lymphatic gland was noticed and palpated with no evidence of tenderness.

"vH" ... No examination.

"B" ... No examination.

(13) BACK

"G" ... A slight kyphoscoliosis of thoracic spine was present.

"vH" ... Acquired kyphosis of the dorsal spine was present.

"B" ... Slight occupation kyphosis. Mobility of spine normal. No tenderness over spine, kidneys or pelvis noticed.

(14) RECTAL AND GENITAL REGIONS

No examinations were performed by any of the three physicians.

(15) EXTREMITIES

"G" ... No evidence of varicosities was noted.

"vH" ... Slight varicosities on both legs. Hitler did not complain about them.

"B" ... No varicosities noted.

(16) NEUROLOGICAL STUDYa. CRANIAL NERVESI. (Nervus Olfactorius)

"G" --Subjective: No complaints of impairment of smell or olfactory hallucinations.
--Objective: No test for response to oil of cloves was made.

"vH" ... No examination.

"B" --Subjective: No impairment of smell or olfactory hallucinations were complained of.
--Objective: No examination.

/II. (Nervus Opticus) ...~~CONFIDENTIAL~~

NEUROLOGICAL STUDY: CRANIAL NERVES (contd)II. (Nervus Opticus)

"G" --Subjective: Hitler complained of impairment of vision. No evidence of visual hallucination was apparent.
--Objective: Acuity, color blindness and fundoscopic examination were not made.

"vH" ... No examination.

"B" --Subjective: Visual hallucination absent.
--Objective: Eye examination(s) made by Dr LOEHLEIN.

III, IV and VI. (Nervi oculomotorius, abducens, trochlearis)

"G" --Subjective: Absence of diplopia.
--Objective: Ocular movements were free and co-ordinated. No nystagmus was noted. The pupils showed no abnormality in size, regularity or reaction. Ptosis, diplopia, convergent and divergent strabismus were absent.

"vH" ... No disturbance in innervation of eye muscles noted; otherwise not examined.

"B" ... Diplopia absent. Response of pupils to light was normal. Nystagmus, convergent and divergent strabismus, ptosis absent.

V. (Nervus Trigeminus)

"G" --Subjective: Hitler did not complain of neuralgia, numbness, paresthesia.
--Objective: No evidence of sensory disturbance nor sensory pathology was present. Corneal and sneeze reflexes were not indicative of pathology. No deviation of jaw was noted. Mastication was normal.

"vH" ... No motor deviation of jaw noted. No complaints of neuralgia. Otherwise no examination.

"B" ... Neuralgia, numbness, paresthesia absent. Facial sensation was normal. Corneal and sneeze reflexes not tested. No deviation of jaw.

VII. (Nervus Facialis)

"G" --Subjective: Taste sensation of anterior two-thirds of tongue not tested. Facial spasm absent. Lacrimation, salivation normal. No facial distortion noted.
--Objective: No deformity in facial expression. Hitler could wrinkle forehead.

"vH" ... No evidence of paralysis, transient or permanent, noted. Otherwise no examination.

"B" ... Facial spasm or facial asymmetry absent. Lacrimation and salivation normal.

/VIII. (Nervus Auditorius) ...

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NEUROLOGICAL STUDY: CRANIAL NERVES (contd)VIII. (Nervus Auditorius)

"G" --Nervus Cochlearis: Slight hearing impairment resulted from 20 Jul explosion. No complaints of ringing or crackling in ears. Ticking of watch was heard on both sides. Tuning fork perceived on both sides. Whispering was heard on both sides at 6 m distance.

--Rinne Test: (Tuning fork on mastoid, then to ear). Left ear normal. Right ear negative. The bone conduction surpassed the air conduction by 5 seconds with an A-1 tuning fork.

--Weber Test: (Tuning fork on skull with ear shut). Lateralization to the right.

--Vestibular: Ataxia, vertigo not present. Nystagmus, swaying absent. Barany test not made.

"vH" ... No examination.

"B" ... No examination.

IX. (Nervus Glosso-Pharyngeus)

"G" ... No evidence of dysphagia was present. Gag reflex was normal. Taste test on posterior one-third of tongue not made.

"vH" ... No examination.

"B" ... Dysphagia absent. Gag reflex or test for sensation of posterior one-third of tongue not made.

X. (Nervus Vagus)

"G" --Subjective: No disturbance or pathology was observed when swallowing or speaking. Projectile vomiting was not observed.
--Objective: There was no deviation of soft palate. The pulse was slowed on eyeball or carotid sinus pressure. Laryngeal paralysis was not present.

"vH" ... No examination.

"B" ... No disturbance in swallowing or projectile vomiting. No deviating of soft palate or laryngeal paralysis.

XI. (Nervus Accessorius)

"G" ... Patient was able to shrug shoulders (trapezius, sternocleidomastoideus).

"vH" ... No pathology noted.

"B" ... Hitler was able to shrug shoulders.

XII. (Nervus Hypoglossus)

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NEUROLOGICAL STUDY: CRANIAL NERVES (contd)

VIII. (Nervus Auditorius)

"G" --Nervus Cochlearis: Slight hearing impairment resulted from 20 Jul explosion. No complaints of ringing or crackling in ears. Ticking of watch was heard on both sides. Tuning fork perceived on both sides. Whispering was heard on both sides at 6 m distance.

--Rinne Test: (Tuning fork on mastoid, then to ear). Left ear normal. Right ear negative. The bone conduction surpassed the air conduction by 5 seconds with an A-1 tuning fork.

--Weber Test: (Tuning fork on skull with ear shut). Lateralization to the right.

--Vestibular: Ataxia, vertigo not present. Nystagnus, swaying absent. Barany test not made.

"vH" ... No examination.

"B" ... No examination.

IX. (Nervus Glosso-Pharyngeus)

"G" ... No evidence of dysphagia was present. Gag reflex was normal. Taste test on posterior one-third of tongue not made.

"vH" ... No examination.

"B" ... Dysphagia absent. Gag reflex or test for sensation of posterior one-third of tongue not made.

X. (Nervus Vagus)

"G" --Subjective: No disturbance or pathology was observed when swallowing or speaking. Projectile vomiting was not observed.

--Objective: There was no deviation of soft palate. The pulse was slowed on eyeball or carotid sinus pressure. Laryngeal paralysis was not present.

"vH" ... No examination.

"B" ... No disturbance in swallowing or projectile vomiting. No deviating of soft palate or laryngeal paralysis.

XI. (Nervus Accessorius)

"G" ... Patient was able to shrug shoulders (trapezius, sternocleidomastoideus).

"vH" ... No pathology noted.

"B" ... Hitler was able to shrug shoulders.

/XII. (Nervus Hypoglossus)

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NEUROLOGICAL STUDY: CRANIAL NERVES (contd)

XII. (Nervus Hypoglossus)

- "G" ... No deviation of protruded tongue toward affected side was present. Atrophy, fibrillation of tongue was absent.
- "vH" ... No examination.
- "B" ... No deviation of protruded tongue toward affected side.
No atrophy or fibrillation of tongue.

b. CEREBRUM

- "G" --Frontal: Concentration was excellent. Cerebration was normal. Euphoria, personality changes, incontinence were not observed.
- Motor Area: Convulsions, paresis, paralysis, aphasia were absent.
- Premotor Area: Forced grasping or clumsiness were not observed.
- Parietal: Sensation intact.
- Occipital: No visual hallucinations were present. Hitler was not examined for quadrantal field defects.
- Temporal: Auditory or visual hallucinations were not present. Dream states or sensory aphasia absent.
- Corpus striatum: Masked facies observed during an accidental meeting in the Reich Chancery on 13 Feb 45, a distinct tremor of the left hand.

- "vH"--Frontal: Ability to concentrate was excellent. No pathological euphoria noted. (The persistent hope for victory undoubtedly did not originate in a frontal lobe lesion or other damage; it is believed either a conscious or unconscious stupefaction of judgement is responsible for this delusion). No disintegration of personality occurred up to Oct 44 (when "vH" was dismissed). However, Hitler's actions did become less intelligible after 20 Jul 44. It is assumed that a slight commotio cerebri occurred after the attack, but no signs-- such as coma, vomiting or pulse disturbances--were evident. Hitler's state of excitement was more of a psychogenic nature.
- Motor Area: No disturbances noted.
- Premotor Area: No disturbances noted.
- Parietal: No disturbances noted.
- Occipital: No disturbances noted.
- Temporal: No disturbances noted.
- Corpus striatum: A definite tremor was present, but no muscle rigidity or masked facies.

/Source "B"

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NEUROLOGICAL STUDY: CEREBRUM (contd)

"B" —Frontal: Concentration was excellent. No personality changes were observed. Incontinence and euphoria were absent. Hitler probably suffered a commotio cerebri on 20 Jul.

—Motor Area: No convulsions, paresis, paralysis or aphasia.

—Premotor Area: Forced grasping or clumsiness were not observed.

—Parietal: Sensation was intact. Patient could distinguish shape.

—Occipital: Visual hallucination absent.

—Temporal: Auditory or visual hallucinations, dream states, sensory aphasia absent.

—Corpus striatum: A slight tremor of the extremities was observed. This disappeared after 20 Jul, but re-appeared soon thereafter. It may have been due to Parkinson's disease, or may have been of psychogenic origin.

c. CEREBELLUM

"G" ... Hypotonicity, nystagmus, dysarthria, asynergy, ataxia or adiadosokinesis not present. Romberg sign was not indicative of pathology. Headaches were present, but apparently were caused by maxillary and ethmoidal sinusitis.

"vH" ... No symptoms of abnormality observed.

"B" ... Hypotonicity, nystagmus, dysarthria, asynergy or ataxia not present.

d. SPINAL CORD

"G" —Subjective: Hitler did not complain of bladder or rectum weakness.

—Objective: Motor-muscle strength not tested. Fibrillation not observed. Sensation tests were not made.

"vH" ... Other than the transient disturbance of the left leg mentioned above, no other pathology was present.

"B" ... No examination.

e. REFLEX CENTERS AND SPINAL ROOT FUNCTIONSRoot C-1

"G" ... No motor pathology of small neck muscles was present. Turning and extension of head were normal. Sensory disturbances or sensory pathology of meninges, neck and occiput were absent.

"vH" ... There was no evidence of pathology or functional disturbance referring to this spinal segment.

"B" ... No motor disturbance or motor pathology of small neck muscles. Turning and extension of head were normal. Sensory disturbance or sensory pathology of meninges, neck and occiput were absent.

/Roots C-2 and C-3

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REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots C-2 and C-3

- "G" ... No evidence of motor disturbance or motor pathology of neck muscles trapezius was noted. Flexion of head and raising of shoulders were normal. No sensory disturbance or sensory pathology of occiput and lateral aspects of neck was present.
- "vH" ... No examination.
- "B" ... Motor functions of neck muscles trapezius were not observed. Flexion of head, raising of shoulders were normal. No sensory disturbance or sensory pathology of occiput or lateral aspect of neck was present.

Root C-4

- "G" ... No motor disturbance or motor pathology of scalenes, diaphragm, levator scapulae or rhomboids was present. Inspiration and rotation of upper arm were normal. Sensory disturbances or sensory pathology of neck, shoulders, chest to second rib and spine of scapula were absent.
- "vH" ... No examination.
- "B" ... Motor pathology of scalenes, diaphragm, levator scapulae, and of both rhomboids absent. Inspiration, external rotation of upper arm were normal. No sensory disturbance or sensory pathology of neck, shoulder, chest to second rib and spine of scapula were present.

Root C-5

- "G" ... No motor disturbance or motor pathology of deltoid, biceps, coraco-brachialis, brachialis, brachio-radialis, supinator, supra-, or infraspinatus was noted. Raising of upper arm and flexion and supination of forearm were normal. Sensory disturbances or pathology of dorsum of shoulder, arm or lateral aspect of upper arm absent. Biceps reflex not tested.
- "vH" ... No examination.
- "B" ... Motor disturbance or motor pathology of deltoid, biceps, brachialis, coraco-brachialis, brachio-radialis, supra-, or infraspinatus not present. Raising of upper arm and flexion and supination of forearm were normal. No sensory disturbance or sensory pathology of dorsum of shoulder, arm or lateral aspect of upper arm was present. Biceps reflex not tested.

Root C-6

- "G" ... Motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps or pronator of forearm was not present. Adduction and internal rotation of upper arm, extension and pronation of forearm were normal. Sensory disturbances or sensory pathology of lateral aspect of upper arm and radial side of forearm was absent. The triceps reflex was not tested.

/Source "vH"

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Root C-6 (contd)

"vH" ... No examination.

"B" ... No motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps, pronator of forearm. Adduction and internal rotation of upper arm were normal. Extension and pronation of forearm were normal. Triceps reflex not tested.

Root C-7

"G" ... No motor disturbances or motor pathology of extensors of wrist, fingers or flexors of wrist were noted. Flexion and extension of wrist were normal. Sensory disturbance or sensory pathology of radial side of forearm and thumb was absent. Tendon reflexes of forearm and hand not tested.

"vH" ... No examination.

"B" ... No motor disturbances or motor pathology of extensors of wrist, fingers or flexors of wrist was noted. Flexion and extension of wrist were normal. Sensory disturbance or sensory pathology of radial side of forearm and thumb was absent. Tendon reflexes of forearm and hand not tested.

Root C-8

"G" ... Motor disturbance or motor pathology of long extensors and long flexors of fingers and thenar muscles not observed. Sensory disturbances or sensory pathology of flexor and extensor surfaces of middle of forearm and of hand were absent.

"vH" ... No examination.

"B" ... Motor disturbances or motor pathology of long extensors and long flexors of fingers and thenar muscles absent. Sensory disturbances or sensory pathology of flexor and extensor surfaces of middle of forearm and of hand absent.

Root T-1 (Thoracic segment I)

"G" ... There was no evidence of motor disturbance or motor pathology of small muscles of hand and fingers. Motions of thumb and fingers were normal (C-8 and T-1). No sensory disturbance or sensory pathology of ulnar side of whole arm and of small finger was present (T-1 and T-2).

"vH" ... No examination.

"B" ... Motor disturbance or motor pathology of small muscles of hand and fingers was absent. Movements of thumb and fingers were normal. Sensory disturbance or sensory pathology of ulnar side of whole arm and of small fingers was absent.

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REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots T-2 to T-12

"G" ... Motor disturbance or motor pathology of muscles of back, intercostals, abdominal muscles was not present. Sensory disturbances or sensory pathology of the regions from second rib to inguinal ligament and of the skin from the seventh cervical vertebra to fifth lumbar vertebra were absent. Abdominal reflexes were not indicative of pathology.

"vH" ... No examination.

"B" ... No examination.

Root L-1 (Lumbar Spinal Segment I)

"G" ... No evidence found of motor disturbance or motor pathology of lower abdominal muscles, quadratus lumborum, psoas or sartorius. Sensory disturbances or sensory pathology of the outside of the gluteal and inguinal regions were absent.

"vH" ... No examination. However, Hitler gave no indication of pathology of that segment.

"B" ... No examination.

Root L-2

"G" ... Motor disturbance or motor pathology of ilio-psoas or cremaster not present. No sensory disturbances or sensory pathology of lateral aspect of testicles were present. The cremaster reflex was not indicative of pathology.

"vH" ... No examination.

"B" ... No examination.

Root L-3

"G" ... No motor disturbance or motor pathology of ilio-psoas, adductors or quadriceps was noted. Flexion, internal rotation and adduction of thigh were normal (L-2 and L-3). No sensory pathology or sensory disturbances of anterior and inner aspect of thigh or knee were present. Patellar reflex was not indicative of pathology (L-2 to L-4).

"vH" ... No examination. From observation it can be assumed that no pathology of that segment was present.

"B" ... No examination.

/Root L-4

~~CONFIDENTIAL~~

REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Root L-4

"G" ... Motor disturbance or motor pathology of quadriceps was not present. Extension of leg was normal. No sensory disturbances or sensory pathology of anterior of thigh, inside of thigh, leg or foot were present. The gluteal reflex was not tested (L-4 and L-5).

"vH" ... No examination.

"B" ... No examination.

Root L-5

"G" ... No motor disturbance or motor pathology was present in gluteus medius and minimus, semimembraneus, semitendineus, biceps, tensor fascialata or tibialis anterior. The abduction of thigh and flexion of leg were normal. Evidence of sensory pathology of external aspect of thigh, external aspect of leg and foot was not found.

"vH" ... No examination.

"B" ... No examination.

Root S-1 (Sacral segment I)

"G" ... Motor disturbances or motor pathology of gluteus maximus (L-4 to S-2), obturator internus, piriformis, gemelli, and quadratus femoris, tibialis anterior, peronei, ext. digit. long. were not present. Extension, external rotation of thigh, dorsiflexion of foot and toes were normal. No sensory pathology was present in posterior aspect of thigh, posterior aspect of calf, sole of foot, outer foot border or toes. Plantar and Achilles reflexes were not indicative of pathology (L-5 to S-2).

"vH" ... No examination.

"B" ... No examination.

Root S-2

"G" ... No motor disturbances or motor pathology of gastrocnemius, soleus, external and flx. digit. comm. long., hallucis long., tibialis posterior or small foot muscles were present.

"vH" ... Motor and sensory functions appeared normal. Reflexes not tested.

"B" ... No examination.

/Roots S-3 to S-5

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REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots S-3 to S-5

"G", "vH", and "B" ... No examination. (Lumbar puncture or cerebral spinal fluid examination is not known to have been performed on Hitler).

(17) PSYCHIATRIC DATA

"G", "vH" and "B" agree that Hitler's orientation was excellent, his memory for events--both near and remote--good. His judgement was good, and, though he was somewhat restless, his attention (power of concentration) always met the needs of the moment. Reaction to environment was normal. Flow of words was coherent and speech relevant. No phobias or obsessions were noted by the three physicians. Patient was emotionally labile. "vH" observes that Hitler could hate deeply in some fields, while forgiving almost anything to those he loved. "G" notes that the subject believed he was chosen by fate to be the leader of the German people, and that he felt his ideas must be carried out--even if Germany and her people were destroyed in the process. "G" believes this may have indicated megalomania. "vH" attributes hysterical significance to Hitler's epigastric pains.

"vH" observes that Hitler's mental endurance was astonishing, and that he loved to be merry and gay. Patient generally appeared to be calm and deliberate--but on occasion he reacted with a vehement attack of anger, which subsided and disappeared quite rapidly. Hitler complained of bad sleep, but was not inclined to sleep long hours.

(18) UROLOGICAL DATA

None of the three sources knows of any indication of pathology in this field. "B" attributes pain in the abdomen to meteorism--possibly the result of large doses of strychnin and atropin. Kidneys, bladder, prostate, seminal vesicles, urethra, testicles, epididymos and perineum were not examined.

(19) SEX CHARACTERISTICS

"vH" observes that he is in possession of no information which would indicate venereal disease. He says Hitler's sex instincts were neither increased or depressed, and is certain that he was neither a pervert nor a homosexual. The total of Hitler's utterances regarding sex lead "vH" to the conclusion that his sex instincts were normal or only slightly repressed.

(20) X-RAYS

X-Rays of Hitler's sinuses were taken on September 1944 at the Reserve-Lazarett, RASTENBURG, and are now in the files of this unit. The X-Rays and other objective data will appear in a later report.

X-Rays of Hitler's teeth were taken by his dentist, Dr BLASCHKE (present address not known) during the spring of 1942 and again during the fall of 1944.

/4.

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4. COMMENTS AND RECOMMENDATIONS

This report will be followed by several others which will contain additional material, both objective and subjective. At present Dr LOEHLEIN, who made detailed eye examinations of Hitler, is being interrogated at this Center. Steps have been undertaken by this unit to obtain X-rays, cardiograms and the results of laboratory tests.

The recipients of this report are requested to submit special briefs on any subject upon which these detainees should be interrogated and to indicate the desirable distribution of the resultant report.

WHG (Ed: WGM)

For the Commanding Officer:



ARTHUR D. MCKIBBIN,
1st Lt., Infantry,
Editing Section.

15 October 1945

DISTRIBUTION "D"

/ANNEX I

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ANNEX ICHRONOLOGICAL ACCOUNT OF THE CAREERS OF SOURCES1. GIESING, Dr ErwinChronological History

- 7 Dec 07: Born at OBERHAUSEN/Rhineland.
- 1926: Completed intermediate medical schooling at MARBURG.
- 1928-32: Studied and interned at DUESSELDORF, MUEHLHEIM, INNSBRUCK, DUISBURG-MEIDERICH and VIENNA.
- 1932: Received medical doctor's degree at COLOGNE.
- 1 Aug 32: Joined NSDAP and SA; became Sturmbannarzt and Sanitaetssturmbannfuehrer of Sturmbann DUISBURG-MEIDERICH. Claims his father was able to obtain employment as a result of his new affiliation.
- Sep 33: Joined Sportaerztebund (Doctor's Athletic Association).
- Oct 33-Mar 34: Assisted in the X-ray department of the Hygienische Untersuchungsstelle des Verbandes der Krankenkassen at BERLIN (Health Examination Office of the Association of Workmen's Sick Fund Groups). Became Sturmbannarzt of Standarte 7 in BERLIN.
- Apr 34-Nov 34: Assisted in the internal section of the Health Examination Office.
- Nov 34: Became athletic adviser of SA Brigade 27, BERLIN.
- Oct 35-Aug 36: Became athletic adviser for SA Gruppe, BERLIN; held courses for Party and civilian doctors (Sportsaerztekurse).
- Dec 35-Mar 36: Assisted (without pay) at the EENT Clinic of BERLIN University and worked under Prof von EICKEN.
- 1936-37: Promoted to SA Sanitaets-Obersturmbannfuehrer and to Assistentarzt der Reserve.
- 1936-Oct 38: Assistant, later chief physician in the EENT Clinic, Rudolf Virchow Hospital, BERLIN.
- Oct 38: Opened his own office in BERLIN.
- 1 Feb 39: Married Dr med Kaethe DELBECK.
- Sep 39-Aug 44: Chief of EENT Section of Reserve-Lazarett, LOETZEN (East Prussia). Called in to treat Hitler 22 Jul 44; treatment lasted about three months.
- 28 Oct 44: Placed in charge of EENT Section of Reserve-Lazarett, BADEN-BADEN; this hospital was shortly thereafter transferred to AMBERG/Bavaria, where Source was captured 23 Apr 45.

/2.

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2. Von HASSELBACH, Dr Hanskarl

Chronological History

- 2 Dec 03: Born in BERLIN; father was officer, but later left the army.
- 1922-27: Studied medicine at BRESLAU, MUNICH, ROSTOCK and FREIBURG.
- 7 Jul 27: Took state medical examination at FREIBURG.
- 1 Oct 27
to
31 Sep 28: Interned: Five months internal medicine at DRESDEN under Prof ARNSPERGER;
three months gynecology;
four months surgery.
- 29 Oct 28: Received medical doctor's degree.
- 1928-29: Assistant at the Anatomical Institute, FREIBURG.
- 1929-30: Assisted at the Pathological Institute, FREIBURG.
- 1929-33: Assisted (without pay) for 30 months at the Surgical Clinic of the University of BONN under Prof REDWITZ.
- 1 May 33: Joined NSDAP and SA; was assistant to Dr MAGNUS at Bergmannsheil Hospital at BOCHUM.
- 1934: Ship's doctor on Central and South American runs.
- 1934: Joined SS in order to become Dr BRANDT's deputy.
- 1933-36: Was assistant at the Surgical Clinic of the University of BERLIN.
- Jun 36: Deputized for BRANDT for the first time and was promoted from SS-Rottenfuehrer to SS-Untersturmfuehrer.
- 1 Oct 36: Moved to MUNICH; has had no SS duty or connections with Party since this date; became assistant at the Surgical Clinic of the University of MUNICH and worked under Prof MAGNUS.
- 1936-39: Deputized for Dr BRANDT several times.
- 1 Mar 37: Promoted to Assistantarzt der Reserve.
- Sep-Oct 38: Accompanied Hq 7 Inf Div to Sudetenland.
- 5 Jul 39: Became member of the university faculty at MUNICH. Wrote a medical paper "Die Endangiitis Obliterans", published by THIEME at LEIPZIG. Held lectures at the clinic in MUNICH.
- 26 Sep 39
to
Sep 42: Surgeon with 1 Sanitaetskompanie 7 Inf Div; participated in Polish and Russian campaigns; was furloughed several times in order to help at the clinic in MUNICH.

/14 Mar 40

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Von HASSELBACH, Dr Hanskarl (contd)

14 Mar 40: Was given title of Lecturer for Surgery at MUNICH; promoted to Oberarzt der Reserve.

Oct 42-Oct 44: Transferred to Fuehrer's Headquarters to take over part of Dr BRANDT's duties there.

1 May 44 Promoted to Oberfeldarzt der Reserve.

20 Jul 44: Treated Hitler and others present at the assassination attempt.

9 Oct 44: Dismissed from his position at Hitler's Headquarters and transferred to the army.

22 Nov 44: Was placed in charge of Army Field Hospital 2/562.

13 Apr 45: Captured at ALBRECHTSHAUS/Harz.

3. BRANDT, Dr KarlChronological History

8 Jan 04: Born at MULHOUSE/Alsace.

1923: Completed intermediate schooling at DRESDEN.

1928: Completed medical studies, after attending the Universities of JENA, FREIBURG, MUNICH and BERLIN; later worked at Bergmannsheil Hospital, BOCHUM, (for mining accidents) under Dr MAGNUS.

1934: Prof MAGNUS became Chief of the Surgical Clinic, Ziegel Gasse, BERLIN, and took BRANDT with him.

1935: BRANDT became third assistant doctor at the above clinic.

1936-37: Prof MAGNUS went to MUNICH, and Dr ROSTOCK became chief of the BERLIN clinic.

1937: Detainee was advanced to his present position: first physician of the 'Ziegelgasse' Clinic.

1932: Met Hitler in ESSEN; joined NSDAP in March.

15 Aug 33: Treated Hitler's niece and BRUECKNER, Hitler's adjutant, who had been injured in an auto accident.

1934: BRUECKNER asked BRANDT to accompany Hitler to VENICE as personal doctor. He began to travel regularly with the Fuehrer; this took him away from practice too much, so he arranged to provide substitutes for Hitler: Prof HAASE of BERLIN and Prof HASSELBACH, from Prof MAGNUS' clinic in MUNICH.

1935 -36: Served in the army for short periods.

/1938

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BRANDT, Dr Karl (contd)

- 1938: Deferred in case of war so that he could serve in the Reich Chancery and thus be near Hitler.
- 1942: Became General Commissioner for Health and Medical Service.
- 1944: Promoted to Reich Commissioner for Sanitation and Health.
- Sep 44: Removed from his professional duties at the Chancery at the instigation of Dr MORELL.
- 20 Apr 45: The position he held as Reich Commissioner for Sanitation and Health, was done away with.
- 23 May 45: Interned at FLENSBURG.

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29 Nov 48HEADQUARTERS
UNITED STATES FORCES EUROPEAN THEATER
MILITARY INTELLIGENCE SERVICE CENTER
APO 757OI CONSOLIDATED INTERROGATION REPORT (CIR) No 4HITLER AS SEEN BY HIS DOCTORSSourcesPosition

MORELL, Prof Dr Theo	Hitler's Personal Physician
GIESING, Prof Dr Erwin	Oberstabsarzt
LOEHLEIN, Prof Dr Walter	Director, University Eye Clinic, BERLIN
WEBER, Prof Dr Karl	Director, BAD NAUHEIM Heart Institute
NISSLE, Prof Dr A.	FREIBURG Research Institute
BRINKMANN, Prof Dr E.	Medical Diagnostic Institute, BERLIN

The primary source of this report is Prof Dr Theo MORELL. The main body of the report deals with his observation of Hitler over the eight-year period during which he was the Fuehrer's "Leibarzt". Some of his information is produced from memory; some is based on documentary evidence found in his papers. In general, the information on Hitler may be regarded as reliable, while statements dealing with his own person should be treated with great care. It should also be noted here that MORELL's memory seems to be better at some times than at others: on some occasions he can recall things which he later is unable to confirm.

Quite naturally, Hitler's Personal Physician conferred with a number of specialists on his patient's condition. These are the secondary sources listed above. It has been clearly indicated when any other views than those of the primary source are cited. For the most part, reports submitted to MORELL by these secondary sources are contained in appropriate annexes.

Dr MORELL has been the subject of a large number of intelligence reports, all of which refer to him in a most uncomplimentary manner. Some reports describe him as a shrewd, money-crazed quack doctor who believes in his own quackery; others describe his hygienic habits as being those of a pig. This interrogator has very little to add, and can only agree with the writers of earlier reports.

(For Table of Contents see page 1).

1946 JAN 11 PM 4:00
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NOTE: In a number of the Annexes, the subject of examination is referred to as "A". Prof Dr MORELL swears to the statement that this was his code designation for Hitler. and identifies him on all his medical papers.

1. REFERENCES

- a. CCPWE # 32 ("ASHCAN"), Report DI-17, dated 3 Jun 45
- b. CCPWE # 32 ("ASHCAN"), Report DI-21, dated 2 Jul 45
- c. CCPWE # 32 ("ASHCAN"), Report DI-30, dated 12 Jul 45
- d. USFET-MIS Center, Report OI-CIR # 2, dated 15 Oct 45

NOTE: MORELL has been the subject of a number of reports which, however, are not on file with this unit.

2. REASON FOR REPORT

This is the second report of a series dealing with Hitler. It is based on information which was obtained from a doctor who was with him for eight years—until 21 Apr 45.

The information is being published in order to provide:

- a. medical data useful for the identification of Hitler or his remains;
- b. further material for the debunking of numerous Hitler Myths;
- c. the knowledge needed to expose those frauds who in later years may claim to be Hitler, or who may claim to have seen or talked to him.
- d. research material for the historian, the doctor and the scientist interested in Hitler.

3. REPORT: "HITLER AS SEEN BY HIS DOCTORS"

a. Hitler's State of Health and Medical Characteristics

(1) GENERAL

Dr MORELL became personal physician to Adolf Hitler in 1936. At this time Hitler looked his age, and was suffering from gastro-intestinal disturbance. He weighed about 70 kg and was about 176 cm tall. Temperature, pulse, and respiration were normal, and continued within normal limits for about eight years. His blood classification group was "A", (Landsteiner), see Annex VI. His psychic state was very complex.

(2) MEDICAL HISTORY

In 1936, when MORELL first examined Hitler, the Fuehrer was suffering acutely from gastro-intestinal disturbances and had difficulty with his diet. Upon palpation a swelling was noted in the pyloric region of the stomach, the left lobe of the liver was found to be enlarged, and pain was elicited in the region of the right kidney. An eczema on the left leg was noted which apparently was related to the upset digestion.

Dr MORELL thereupon had a fecal examination made by Prof Dr NISSE, Director of the Bacteriological Research Institute in FREIBURG, the result of which showed the presence of dysbacterial flora in the intestinal tract. NISSE had at this time prepared an emulsion of a strain of coli communis bacillus which had the property of colonizing the intestinal tract, known commercially as "Mutaflor", and MORELL instituted treatment with it, prescribing 1-2 capsule by mouth after every morning meal. As a result of this treatment Hitler's digestive system began to function more normally, the eczema disappeared within about six months, and he began to gain weight. During the war, when the supply of "Mutaflor" decreased, a similar coli preparation named "Trocken Coli Hamma" made by Prof LAVES of the University of GRAZ was also used.

/Hitler suffered

MEDICAL HISTORY (contd.)

Hitler suffered also from meteorism. This condition was aggravated by his vegetarianism. To relieve the meteorism, MORELL prescribed Dr KOSTER's Antigas Pills, two to four at every meal. These pills (extr nux vom, extr. Bellad, extr Gent) were taken over a period of years, and both Drs GIESING and BRANDT believe that the cumulative effect of the strychnine component may be responsible for the epigastric pain, icteric discoloration of sclera and bronzing of skin (see also USFET-MISC Report 01-CIR # 2) noted during 1944. Dr MORELL, on the other hand, believes that Hitler was afflicted with gastro-duodenitis with obstruction of bile flow, and that the icteric discoloration may be traced to this. He supports this view by the fact that pain was felt in the region of the gall bladder. The urine at times was of a dark brown color and contained bile pigment. MORELL treated Hitler with Gallestol to restore normal flow of bile.

Since Hitler's diet was insufficient and unbalanced, MORELL supplemented it with Vitamultin-Calcium (vitamin B-1, ascorbic acid, calcium, nicotinic acid amide), often administering it intravenously together with glucose in order to counteract loss of energy. A special preparation of Vitamultin-Calcium tablets "F" made for Hitler only was also taken by mouth.

Although the epigastric pain was greatly diminished by the "Mutaflor" treatment, it continued to recur at times with great severity, particularly after meals. As an additional measure Dr MORELL prescribed injections of Progynon (a preparation with benzoic acid and dihydro-follicle hormone) which increases circulation in the gastric mucosa and tends to prevent spasm of the gastric walls. Progynon B 01. Forte (50,000 international benzoate units) was administered intramuscularly; it afforded some relief. (For details of medication see section b.).

(3) SCARS

A scar, the result of a wound in World War I, was present on the left thigh at the middle and lateral aspect.

(4) SKIN

Facial and body skin was pale and of a fine texture. An eczema on the left leg during 1936 disappeared entirely after the treatment with "Mutaflor" began. Petechiae were not observed. Skin was normally sensitive to heat and cold and to sharp and dull touch.

(5) FACE

Facial expression had an intense quality that subdued and captivated most individuals who met the Fuehrer. There was no noticeable asymmetry. Estimate of the facial index indicates more or less long-faced type. Several horizontal wrinkles on forehead were permanent, as were two short vertical wrinkles in glabella region. Tenderness over maxillary and ethmoid sinuses was present only when these were inflamed (see also Annex II).

(6) HEAD

a. General

Form of skull was slightly dolichocephalic. Temporal vessels were not prominent. Mastoid pathology was not evident.

/b. Scalp

HEAD (contd.)

b. Scalp

Scalp showed no evidence of scars. Hair was very dark brown, almost black, with only slight thinning evident. Some greying was noted at temples, less on rest of scalp.

c. Eyes

A minimal degree of exophthalmus was always present. Eye tension was normal for age group. Movement of eyes well-coordinated and free in all directions. Lids showed no lag or other evidence of pathology. Pupillary reflexes were normal. Conjunctiva, cornea, and sclera were normal. Eyes were blue with faint tinge of grey. Superciliary arches were rather prominent. (For further details, see Annex III).

d. Ears

External ears were both of medium size and set close to the skull. No evidence of pathology or deformity of any part of external ears was noted. External auditory canals were of medium width and otherwise normal. No evidence of deformity or pathology of helix, fossa of anthelix, tragus, lobule, antitragus, concha, anthelix or fossa of helix was observed. (See Annex IV).

e. Nose

The nose was straight with a slight protuberance on the dorsum. The lower portion was thick and fleshy with rather prominent nares. Hitler suffered frequently from catarrhal inflammation and obstruction of the nasal passages. (See Annex XVI).

f. Mouth

Labia were normally red in color and rather small. Lip mucosa showed no pathology. Teeth were orthognathous but defective. Gingivitis in 1936 was completely cleared up by treatment with vitamin C and antiseptic mouthwashes. Tongue was of medium size and during 1935-36 was frequently furred as a result of gastric disturbance. Cicatrization of tonsils was probably due to childhood tonsillitis (see Annex V). Uvula and palate showed no abnormality. The nasopharynx, oropharynx, and larynx were often inflamed as a result of upper respiratory infections. Fotor ex ore was present in March, April 1945. Nasolabial folds were rather prominent.

(7) NECK

Mobility of neck was normal in all directions. No pulsations were observed. No neoplasm or palpable nodes were present, and no evidence of thyroid or parathyroid pathology. Prof Dr von EICKEN operated on Hitler in 1935 and again in 1944 to remove a polyp from the left vocal cord.

(8) CHEST

Skin of the chest was pale white. Hair was absent on both chest and back. Breasts showed no hypertrophy or other pathology. Supraclavicular, suprasternal, clavicular, sternal, mammary, inframammary, scapular, interseapular, infraseapular, axillary, and infra-axillary regions all found normal on examination. Shape of thorax was sthenic; circumference and diameters were not measured. No retraction or pulsation was observed.

(9) LUNGS

Expansion of the lungs was normal. Auscultation revealed no pulmonary pathology.

(10) HEART

Blood pressure as taken on many occasions averaged 143 mm systolic, about 100 mm diastolic. Under excitement the systolic pressure rose to 170, 180, or sometimes as high as 200 mm (see Annex VI).

Percussion disclosed moderate enlargement of the left ventricle with displacement of the heart apex to the left of the midclavicular line, though still within the fifth intercostal space. Under auscultation accentuation of second aortic sound was heard in second intercostal space in the right parasternal line. Electrocardiograms made by MORELL and interpreted by Prof Dr WEBER of the Heart Institute at BAD NAUHEIM indicated rapidly progressive coronary sclerosis. (See Annex VII).

Heart rate averaged 72 with only very slight respiratory arrhythmia. There was no evidence of extra systole, or of atrioventricular or bundle branch block. Pacemaker was the sinus node. Exercise test of the heart was not made.

(11) ABDOMEN

Contour of abdomen was normal. Examination in 1936 showed pain and tenderness in epigastric region, consistency and enlargement of liver in right hypochondriac region, and tympanites in left hypochondriac and umbilical regions. Palpation also elicited pain in region of right kidney. MORELL believes that pains, tenderness, and cramps in epigastric region were caused by gastro-duodenitis with disturbance in normal flow of bile, and that this condition is also responsible for the icteric discoloration of skin and sclera noted during 1944, but which later cleared up. Urinalysis at this time showed presence of bile pigments, and increased amounts of urobilinogen and urobilin. MORELL instituted careful diet and treatment with Gallestol, Mutaflor, and Bad Kissinger Pills, and effected marked improvement in the condition.

No tenderness was ever apparent over McBurney's point. Abdominal and cremaster reflexes were always normal. No inguinal or femoral hernia was present.

(12) LYMPHATIC GLANDS

No tender or enlarged lymphatic glands were observed by MORELL.

(13) BACK

Spine had normal mobility. Slight kyphosis of dorsal spine became somewhat evident in later years. It involved also a very slight scoliosis of dorsal and lumbar spine with, however, only minimal disturbance of symmetry. There was no tenderness over spine or pelvis.

(14) RECTAL AND GENITAL REGION

There was no disturbance of vesical or rectal sphincter tone, and no evidence of prostatic pathology or hemorrhoids.

/(15)

(15) EXTREMITIES

Hitler told MORELL that he had fractured his left scapula in the region of the inferior aspect of the glenoid cavity during the Putsch in 1923, and that range of abduction and rotation of the upper left arm was limited for many years. Complete recovery of function apparently was achieved later.

A slight tremor of the left arm and leg and slight dragging of left leg was first observed in 1942 or 1943 shortly after Hitler contracted a gripe-like disease during an inspection trip to VINNITSA in the Ukraine. MORELL believes the tremor to have been of hysterical nature but does not exclude the possibility of its having resulted from the above illness. The tremor gradually increased in severity until the attempt at Hitler's assassination on 20 Jul 44 immediately after which it completely disappeared. It then reappeared after a short interval in aggravated form and continued to grow worse until Apr 45.

(16) NEUROLOGICAL DATAa. General

Posture was somewhat stooped during later years owing to slight kyphosis of dorsal spine, but position of head and shoulders showed no abnormality. Prompt response to questions, etc, showed normal state of consciousness. Skin was of fine texture and not abnormally pigmented. Secondary sexual characteristics were generally normally developed. Head hair was smooth and black-brown, showing normal development. Perspiration was normal both locally and generally. Head was more or less dolichocephalic. Palpation produced no evidence of exostosis. No bruit heard in head on auscultation and no tenderness or abnormal resonance on percussion.

b. Cranial Nerves

- I. No olfactory hallucinations or impairment of smell.
- II. No papillo-edema. No visual hallucinations.
- III, IV
and VI. No diplopia, no convergent or divergent strabismus. No nystagmus. Pupils were regular, equal, and showed normal reaction to light.
- V. No sensation of neuralgia or numbness. No paresthesia. No deviation of jaw and no motor disturbance of muscle or mastication. Corneal reflex not tested.
- VII. No taste perversion or other pathology of anterior two-thirds of tongue. Lacrimation and salivation normal. Facial symmetry present. Was able to wrinkle forehead.
- VIII. (See Annex IV).
- IX. No dysphagia. Taste sensation on posterior one-third of tongue normal.
- X. Functions of swallowing and speaking not impaired. No projectile vomiting. No deviation of soft palate. Pressure on eyeball or on carotid sinus slowed the pulse but Dr MORELL cannot remember what year he made the test.

/XI.

Cranial Nerves (contd)

- XI. Was able to shrug shoulders.
- XII. Protruded tongue showed no deviation and showed no fibrillation or atrophy.

c. Cerebrum

Frontal: Cerebration normal. Concentration excellent. No euphoria, incontinence, anosmia, or personality changes.

Motor Area: No convulsions, paresis, paralysis, or aphasia.

Premotor Area: No forced grasping or clumsiness.

Parietal: Sensation intact. Could distinguish shape.

Occipital: No visual hallucinations. No quadrantic field effects (see Annex III).

Temporal: No auditory or visual hallucinations. No sensory aphasia. No dream states.

Corpus striatum: Tremor of left arm and leg and slight dragging of left leg first noted in 1942 or 1943. No rigidity observed.

d. Cerebellum

No hypotonicity, nystagmus, dysarthria, ataxia, asynergy, or adiadosokinesis.

e. Spinal Cord

No local or general muscle weakness observed excepting slight weakness of vocal cord muscle.

Normal response of superficial (abdominal, cremasteric) and deep (biceps, triceps, patella) reflexes. Babinsky was done. No pathology indicated.

NOTE: MORELL made all the usual reflex tests. When "no pathology" is indicated under reflexes that would not usually be tested, it signifies only that in eight years of treating Hitler, source had no occasion to suspect that the reflex was abnormal.

f. Reflex Centers and Spinal Root Functions

Root C-1

No motor disturbance or pathology of small neck muscles. Turning and extension of head normal. No sensory disturbance or pathology of neck or occiput.

Roots C-2 and C-3

No motor pathology or disturbance of neck muscles or trapezius. Flexion of head and raising of shoulders normal. No sensory pathology or disturbance of occiput or of lateral aspects of neck.

/Root C-4

Reflex Centers and Spinal Root Functions (contd)

Root C-4

No motor disturbance or pathology of scalenes, diaphragm, levatores scapulae, or rhomboids. Inspiration normal. External rotation of upper arm normal. (A transient limitation of abduction and rotation of left upper arm caused by fracture in glenoid region of scapula in 1923 disappeared after several years). No sensory disturbance or pathology of neck, shoulder, chest to second rib, or of back to spine of scapula.

Root C-5

No motor disturbance or pathology of deltoid, biceps, coracobrachialis, brachioradialis, supinator, or of supra- or infraspinatus. Raising of upper arm and flexion and supination of forearm normal. No sensory disturbance or pathology of dorsum of shoulder and arm or of lateral aspect of upper arm. Biceps reflex normal.

Root C-6

No motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps, or of pronators of forearms. Adduction and internal rotation of upper arm and extension and pronation of forearm normal. No sensory disturbance or pathology of lateral aspect of upper arm or radial side of forearm. Triceps reflex normal.

Root C-7

No motor disturbance or pathology of extensors of wrist, fingers, or flexors of wrist. Flexion and extension of wrist normal. No sensory disturbance or pathology of radial side of forearm or of thumb.

Root C-8

No motor disturbance or pathology of long extensors or long flexors of fingers and thenar muscles. No sensory disturbance or pathology of flexor or extensor surfaces of middle of forearm and of hand.

Root T-1

No motor disturbance or pathology of small muscles of hand and fingers. No sensory disturbance or pathology of ulnar side of whole arm or of little finger.

Roots T-1 to T-12

No motor disturbance or pathology of muscles of back, intercostals, or abdominal muscles. No sensory disturbance or pathology from cervical spine to fifth lumbar vertebra in the back, or from cervical spine to the Poupart ligament in the front. Abdominal reflexes normal.

Root L-1

No motor disturbance or pathology of lower abdominal muscles, quadratus lumborum, psoas, or sartorius. No sensory disturbance or pathology of outside of gluteal region or of inguinal region.

Root L-2

No motor disturbance or pathology of ilio-psoas or of cremaster. No sensory disturbance or pathology in region of lateral aspect of thigh and of testicles. Cremaster reflex normal.

/Root L-3

Reflex Centers and Spinal Root Functions (cont'd)

Root L-3

No motor disturbance or pathology of ilio-psoas, adductors of thigh, or quadriceps. Flexion, internal rotation and adduction of thigh normal. No sensory disturbance or pathology of anterior or of inner aspect of thigh and knee. Patellar reflex, left exaggerated.

Root L-4

No motor disturbance or pathology of quadriceps. Extension of leg normal. No sensory disturbance or pathology of anterior aspect of thigh or of inside of thigh, leg, or foot.

Root L-5

No motor disturbance or pathology of gluteus medius or minimus, or of semimembraneus, semitendineus, biceps, tensor fascia lata, or of tibialis anterior. Adduction of thigh and flexion of leg normal. No sensory disturbance or pathology of external aspect of leg or foot.

Root S-1

No motor disturbance or pathology of gluteus maximus, obturator internus, pyriformis, gemelli, quadratus femoris, tibialis anterior, or of extensor digitorum longus. Extension and external rotation of thigh and dorsiflexion of foot and toes normal. No sensory disturbance or pathology of posterior aspect of calf or of sole of foot, outer border of foot, or of toes. Plantar and Achilles reflex normal.

Root S-2

No motor disturbance or pathology of gastrocnemius soleus, extensor and flexor digitorum communis longus, or hallucis longus, tibialis posterior, or of small foot muscles. Plantar flexion of foot and toes normal. No sensory disturbance or pathology of saddle area, outside of leg, or of outer border of foot.

Root S-3

No motor disturbance or pathology of rectal muscles, sphincters, or of sex organs. No sensory disturbance or pathology of saddle area, perineum, scrotum, or penis.

Roots S-3 to S-5

Voluntary initiation of urination and defecation under control. No sensory disturbance or pathology of perineum, anus, or perianal area. Anal reflex not tested by Dr MORELL.

17) PSYCHIATRIC DATA

- a. Orientation as to time, place, and persons was excellent.
- b. Memory as to events, both recent and remote, was excellent.
- c. Immediate retention of figures, statistics, names, etc, was excellent.
- d. Hitler's general background was characterized by his lack of university training, for which he had, however, compensated by acquiring a large body of general knowledge through reading.

/e.

PSYCHIATRIC DATA

- c. Judgment of time and spatial relations was excellent.
- f. Reaction to environment was normal.
- g. He was changeable, at times restless and sometimes peculiar, but otherwise co-operative and not easily distracted.
- h. Emotionally very labile. Likes and dislikes were very pronounced.
- i. Flow of thought showed continuity. Speech was neither slow nor fast and was always relevant.
- j. Globus hystericus was not observed. No amnesia. Epigastric pain may possibly have been of hysterical origin.
- k. No phobias or obsessions.
- l. No hallucinations, illusions, or paranoid trends present.

(18) UROLOGICAL DATA

In 1936 Hitler suffered pain in the region of the right kidney but none in the regions of the bladder, prostate, testicles, epididymes, urethra, or ureters. Urination showed no abnormal difficulty, in frequency, dribbling, retention, or blood content. There were no palpable masses in lower or upper abdomen or in costovertebral angle.

Urinalyses were performed on several occasions to check the genitourinary tract and to determine if other pathological manifestations were present. (See Annex VIII).

(19) SEX CHARACTERISTICS

Sexual organs showed no indications of abnormality or pathology and secondary sex characteristics were normally developed. Hitler was very fond of the society of attractive women, particularly during the years of his rise to power. In later years his libido was apparently sublimated with the increase in duties and responsibility. MORELL believes that Hitler, although not strongly inclined to sexual activity, did have sexual intercourse with Eva BRAUN, though they were accustomed to sleep in separate beds.

(20) X-RAY EXAMINATIONS

Five X-rays of Hitler's head are attached as Annex II. The three plates marked 19 Sep 44 were made at the Army Hospital at RASTENBURG, East Prussia, while Dr GIESING was treating Hitler for injuries suffered in the assassination attempt of 20 Jul 44. The two plates marked 21 Oct 44 were found among MORELL's records, but he can no longer remember when or why they were made.

(21) FECAL EXAMINATIONS

Repeated fecal examinations were made because of the presence of dysbacterial intestinal flora and in order to check the therapeutic effect of treatment with "Mutaflor". (See Annex IX).

/(22)

(22) BLOOD EXAMINATIONS

Following blood tests were made at various times to get a general orientation: red blood count, color index, hemoglobin determination (Sahli), white blood count, white corpuscle differential, blood sedimentation rate, blood sugar determination, blood calcium determination, blood serology (Wassermann, Kahn, and Heinicke), and interferometric determination of catalytic fermentation in blood serum. Specimens of reports made on these tests were found among Dr MORELL's records and are reproduced in Annexes VI, XI, XII, XIII, XIV, and XV.

(23) ELECTROCARDIOGRAPHY

Four electrocardiograms covering a period of three years (Aug 41 to Sep 44) are attached as Annex VII. Dr MORELL performed these examinations and sent the charts to Dr WEBER, the widely-known authority on heart diseases and director of the Heart Institute at BAD NAUHEIM/Hesse for interpretation and diagnosis. On the basis of such charts alone, Dr WEBER diagnosed a rapidly progressive coronary sclerosis—an opinion which he recalls and confirms now.

. Medication by Dr MORELL

The following is an almost complete list of the drugs used by Dr MORELL during his treatment of Hitler. Some were used almost every day, while others were administered only when the need arose.

Morphia, hypnotics, etc, are not included in this list. But it does contain the names of substances which have a very rapid effect. Glucose, for example, is absorbed quite rapidly and consequently produces a feeling of well-being. Hitler might have dealt with situations very differently after a glucose injection.

Constant medication over a period of years may have upset the physiological balance of his body to such an extent that even normally harmless drugs could be relied on. Thus a person may become dependent on such medication, even though the substances employed are not drugs of a habit-forming nature.

(1) ULTRASEPTYL

One tablet of 2-(p-aminobenzolsulfonamido)-4-methylthiazol contains .5g. These tablets were prescribed by Dr MORELL because Hitler suffered from persistent catarrhal inflammations of the upper respiratory tract and angina. Application: 1-2 tablets per os, with addition of much fluid (fruit juice or water) after a meal. Fluid was taken in order to prevent the formation of clots. Reference: Ultraseptyl-Sanabo, Vienna XII, '82. (See also Annex XVI for translation of one of Dr MORELL's notes).

(2) EUBASIN

A sulfa drug. One ampoule equals 5cc. Injected intragluteally. Was only injected once, since it caused pain. Therapeutically used for colds.

/(3)

Medication by Dr MORELL (contd)

(3) CHININ

Hamma product. Prepared by Dr MULLI. This drug contains some chinin. Application per os, after a meal. Therapeutically used against colds. It was used in place of Ultraseptyl.

(4) OMNADIN

Omnadin is a mixture of proteins, lipid substances of gall and animalic fats, supposed to have all antigenic properties and therefore should be used at the beginning of infections. It is nearly specific against colds. Dr MORELL preferred Omnadin over Ultraseptyl because it was non-toxic. At times Omnadin was given in conjunction with Vitamultin -CA (see V.(13)). 1 Ampoula -2cc was given intramuscularly at a time. Omnadin was used whenever HITLER was afflicted with colds and as a substitute for Ultraseptyl.

(5) PENICILLIN-HAMMA

Prepared by Dr MULLI. Penicillin was used once in form of powder, on a skin wound on HITLER's right hand, 8-10 days after the attempt on his life July 20, 1944. The skin wound was of pea size.

(6) OPTALIDON

A propriatory analgesic, a combination of amidopyrine and barbiturate: containing Sandoptal (a proprietary hypnotic-iso-butylallyl barbituric acid): 0.05; Dimethylamino phenazon (pyramidon): 0.125; Caffeine: 0.025. Application: 1-2 tablets per os, was used for headaches.

(7) BROM-NEPVACIT

Composed of KBr 4%, Na_3PO_4 0.1%, Naphodyl 1%; diethylbarbituric acid / phenyldimethylpyrazolon, spiritus, sacch, et sacch t. fact. Aroma. Used as sedative in order to induce sleep and when excited. Dosage: 1-2 tablespoons. In order to prevent a Bromine reaction Dr MORELL prescribed it only every other 2 months.

(8) SEPTOIOD

Product of DIWAG Chemical factory AG, BERLIN-WAIDMANNSLUST. Dr MORELL used Septoiod against respiratory infections. He also thought it would prevent the progress of HITLER's arteriosclerosis, and used it in place of Ultraseptyl. At times it was applied intravenously up to a maximum dose of 20cc.

(9) CIRCULATORY ANALEPTICS

CARDIAZOL (Pentamethylentetrazol)
CORAMIN (Pyridin-3-carbonic acid-diethylamid)

In 41, Dr MORELL observed edema on external and internal malleoli of fibulae and tibiae; in order to overcome the circulatory insufficiency and to stimulate circulation, cardiazol and coramin were administered. It was used in the form of a solution of which 10 drops were given internally for the period of a week, after that medication was discontinued for a month, used occasionally again when edema became manifest.

/(10)

Indication by Dr MORELL (contd)

(10) SYMPHOLIN

Para-oxyphenylethanolmethylarin. Only 1/100 as effective as adrenalin. It was administered by Dr MORELL in order to increase the heart-minute-volume of the heart. It regulates heart activity and overcomes vessel insufficiency. It was supplied in solution and applied internally, 10 drops a day for temporary periods since 42.

(11) STROPHANTIN

A crystalline glucoside, used as a heart tonic. Electrocardiograms of HITLER suggested coronary sclerosis in 1941. Dr MORELL therefore instituted treatment with intravenous injections of strophantin, giving 0.02mg a day for periods of approximately 2-3 weeks. This type of treatment was repeated several times during the last 3 years.

(12) PROSTROPHANTA

Supplied in ampoules, each containing 0.3mg of strophantin in combination with glucose and Vitamin B complex (nicotinic acid). Was used same as strophantin.

(13) VITAMULTIN-CA

Contained: A, B, C complex, C, D, E, K, P. It was supplied by HAMMA, GEBH, HAMBURG, in form of ampoules and tablets. Has been produced since 38. Dr MORELL injected 4.4cc intragluteally every other day. He also prescribed tablets which HITLER sometimes used. It was used from 38 to 44 with short interruptions. It often was taken in combination with other drugs.

(14) INTELAN

Consists of Vitamins A, D, and glucose. Used therapeutically just as Vitamultine, in order to induce appetite, overcome tiredness and strengthen body resistance. Intelan was given in later years, from 42-44. It was supplied in tablet form and was taken twice a day, at meals.

(15) GLUCOSE

Glucose (5-10%) solution was given in order to supply calories. Also used as a mixer with, and to counteract the contractive effect of, strophantin. It was injected intravenously every 2nd or 3rd day (10cc) for a period of years (from 37-40) with brief interruptions.

(16) TENOPHOSPHAN

Bayer product. It is the sodium salt of diethyl-arino-methyl-phenyl-phosphinic acid. It is a stimulant for unstriated muscles and was also given to supply phosphorus. It is supplied in ampoules and tablets. Ampoule contains a 1-5% solution, tablet 0.1g. Tenophosphan was administered subcutaneously and was used only temporarily during the years 42-44.

(17) MUTAFLOE

It is an emulsion, a particular strain of Bacillus coli communis, and prepared in enteric soluble capsules. Reference: Prof HISSLE, Hageda, A.G., MUELIN HW 21. Questions regarding the product were directed to Prof HISSLE at HAMBURG, 1 B.

According to Prof HISSLE, certain strains of Bacillus coli communis have the property of colonizing the intestinal tract. Such a property is not

/demonstrated by

Medication by Dr MORELL(contd)

demonstrated by the Yoghurt or acidophylus Bacillus. Because HITLER suffered so much from indigestion (35-40), Dr MORELL thought an abnormal bacterial flora of intestinal tract was the cause. A fecal examination proved this was the case. Dr MORELL therefore instituted treatment with Mutaflor. It relieved HITLER of some of the pain and of indigestion. As the supply of Mutaflor diminished as a result of the war, former teacher, Prof LAVES of University of Graz made a similar Coli preparation, named Trocken Coli Hanna. Prof LAVES also examined HITLER's feces and concluded dysbacterial intestinal flora. Mutaflor treatment consisted of administering a series of capsules: on the first day a yellow capsule, from the 2nd to the 4th day one red capsule per day, and from then on 2 red capsules per day for a period of many years (36-43), with some interruptions. (Trocken Coli Hanna used as substitute)

(18) LUIZYM

This is a digestive enzyme preparation containing ferments which split cellulose, hemicellulose and carbohydrates. It was used for digestive weakness, meteorism, and to make vegetable food more digestible. (HITLER was a vegetarian).

It was supplied in tablets or dragees. Luizym was taken once in a while when flatus and indigestion became worse. Dose: 1 tablet after meals.

(19) GLYCONORM

Dr MORELL treated HITLER with Glyconorm (2cc injected intramuscularly) in order to check digestive disturbance. It was used only rarely and only during the years 38-40.

It is also supplied in bean form. It is mainly used for the prevention of pellagra. Glyconorm contains metabolic ferments (COZYMASE I and II) vitamins, and amino acids.

Produced by Nordmark Werke/HAMBURG.

(20) DR KOESTERS ANTIGAS PILLS

Contains: extr. Nux vom., extr. Bellad. 0.5, extr Gent. 1.0 -- 2-4 pills were taken at every meal for a period of many years from 36-43 with temporary interruptions because HITLER suffered from meteorism. Dr BRADDT and Dr GIESING think the cumulative effect of this drug produced the icteric discoloration of skin and sclera and epigastric cramps noted Sep 44.

(21) EUFLAT

Combined preparation of radix angelica, papaverin, aloo, active bile extracts, coffee-charcoal, adsorb. pancreas extract. Was supplied in pill form and used orally for better digestion and against meteorism. This drug was only used during years 39-44.

(22) EUKODAL (Dihydro-oxycodeinonchlorhydrate)
and(23) EUPAVERINUM (synthetic alkaloid)

Both were taken for epigastric cramps. Was injected intravenously whenever cramps and pain became manifest.

(24) COLONILE

Used frequently for cleansing enemas, which Hitler administered himself.

MORLAUS:

/(25)

(25) PROGYLON

Frageyren B. 10000 is an ester of benzic acid and the dihydro-
f illicic barium. It is standardized in international benzate units.

1 ampoule has 1 mg (10,000 I B U). It was given intramuscularly. It
increases the circulation of gastric mucus, and prevents spasm of gastric wall
and vessels. Dr. REILL instituted treatment when Hitler suffered from gastro-
duodenitis 37-38.

(26) ORCHINEX

Is a combination of all hormones of males. Potency is increased by the
addition of extracts of testis, seminal vesicles and prostate of young bulls.
Dr. REILL claims to have used it only once and then in order to combat fatigue
and depression. It is administered intramuscularly 2.2cc (one ampoule). It
is a Harma product.

(27) PROSTAKRINOL

An extract of seminal vesicles and prostate. Used to prevent de-
pressive moods. Was used for a short period in the year 1943. Dose: 2 am-
poules intramuscularly every second day.

(28) CORTICOL

Desoxycorticosteroneacetate. Was injected intramuscularly. Was used
for muscle weakness and to influence the carbohydrate metabolism and fat
resorption. Was used a few times only.

4. COMMENTS AND RECOMMENDATIONS

Further reports on this subject containing additional descriptive data re-
lating to the physical and mental make-up of HITLER and drawn from sources which
were at one time or another in intimate contact with him are contemplated.

The recipients of this report are requested to submit special briefs on
any subject in which these sources should be interrogated and to indicate the
desirable distribution of resulting reports.

WHG (Gruendl)
H.L. (Merl)
(Ed: WSL)

For the Commanding Officer:

Francis C. St. John

FRANCIS C ST JOHN
2nd Lt., Infantry
Chief Editor

29 Nov 45

DISTRIBUTION "D"

/ATTEN I

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WAG (Gruendl)
H.L. (Merl)
(Ed: WSL)

For the Commanding Officer:

Francis C. St John

FRANCIS C ST JOHN
2nd Lt., Infantry
Chief Editor

29 Nov 45

DISTRIBUTION "D"

/ANNEX I

HEADQUARTERS
UNITED STATES FORCES EUROPEAN THEATER
MILITARY INTELLIGENCE SERVICE CENTER
APO 957

APPENDIX I

CHRONOLOGY OF LIFE AND CAREER OF PROF DR THEO MORELL

Source: MORELL, Prof Dr, Theo

Position: HITLER's Personal
Physician

- 22 Jul 1886 Born in TRAISA, a small village in upper Hesse. His father was a local schoolteacher of Humeur extraction. Mother came of a well-to-do farm family. Detained as the second child. His older brother died in November, 1904; a younger sister still lives at TRAISA.
- Source entered grammar school at the age of six, graduating at 14. As a child he suffered from recurring stomach cramps, one of the reasons why he was not permitted to attend the secondary school to which his father wished to send him. Instead he attended a preparatory school at LICH (upper Hesse). From age 16 to 19 he attended the teachers' seminary at FRIEDBERG (Hesse), graduating in 1905. He then taught school for one year at BETZENDORF near LAHNZ.
- 1906 Entered the ninth class of a nearby Oberrealschule in order to obtain a certificate which would permit him to study at a university.
- 1907 Matriculated at the University of GIESSEN. After one semester, he transferred to HEIDELBERG, and later to GRENOBLE, France.
- 1909 Returned to HEIDELBERG.
- 1910 Spent several months as guest student at the institute "D'acouchement Tournier" in PARIS.
- 1910 Returned to the university of HEIDELBERG.
- 1912 Obtained his med degree at LAHNZ and was offered an assistantship at BAD KREUZLACH.
- 1913 Ship's doctor for the Wochmann Line, The Hamburg South American and North German Lloyd lines.
- 1914 Took over a small medical practice at DINTZELBACH, near OFFENBACH.
- 1915 Joined army as surgeon, saw service as Bn surgeon on the West Front for a short time. Later transferred to hospitals within Germany.
- 1918 Moved to BERLIN and opened his own practice. Specialized in electrotherapy and diseases of the urinary system.
- 1920 By this time he had become a rather well known physician; many of his patients belonged to the Inter-Allied Commission.

1922.....

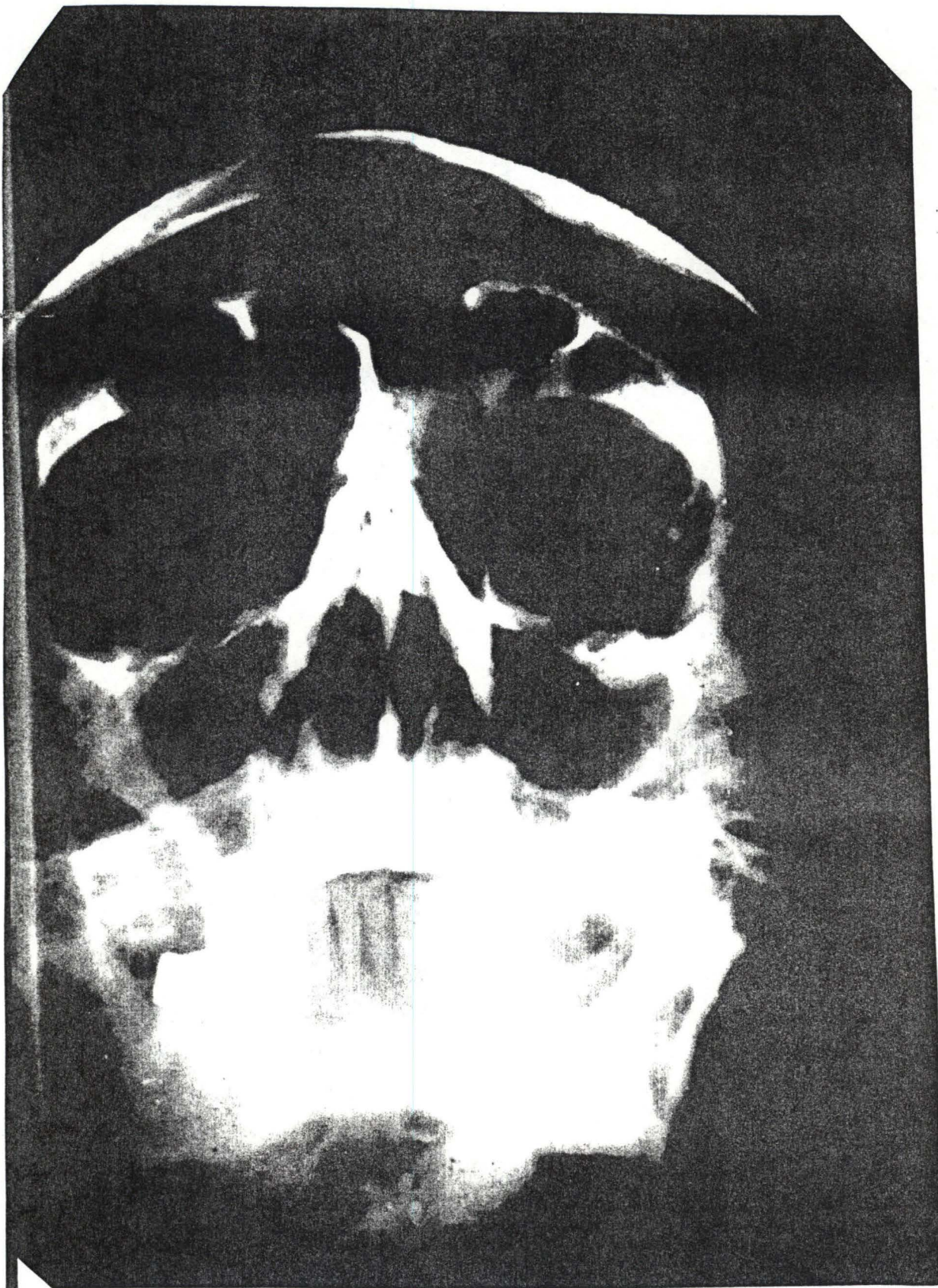
ANNEX I (contd)

- 1922 Was offered a position as physician at the court of the Shah of Persia, but declined.
- 1925 An identical position was offered by the King of Persia's envoy to Germany. Source again declined.
- 1933 When Hitler took over in January, the word "Jude" was posted over his sign board, because a number of Jewish people had been among his patients. He therefore joined the Party during the latter part of 1933.
- 1935 Moved to Kurfuerstendamm in BERLIN and became a venereal specialist.
- 1936 By this time prisoner had quite a following among BERLIN stage, Party and film people and was therefore called to MUNICH in order to treat Prof Heinrich HOFFMANN, who at that time was suffering from gonorrhea. HOFFMANN, who visited Hitler regularly on weekends, introduced detainee to the Fuehrer at the "Berghof" at BERCHTESGADEN. Hitler was at that time suffering from stomach cramps. Source suggested a form of treatment which was followed and improved the condition. He was then offered the position of internist to Hitler.

Prisoner has been Hitler's constant companion since that time.

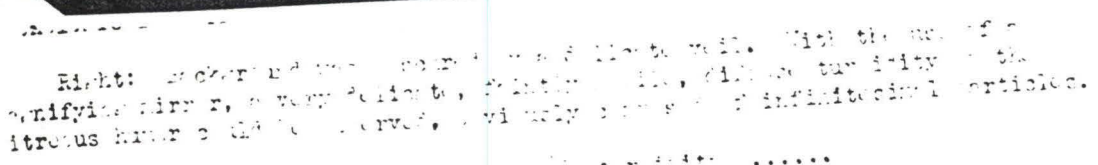
- 21 Apr 45 Hitler appeared to be very nervous and fatigued, and source wished to relieve that condition by means of morphine. When Hitler was approached, he stated that he did not need drugs in order to see him through, and dismissed MORELL. After thanking him for his past devotion, he made arrangements for MORELL's evacuation. Source has not seen Hitler since then.
- 22 Apr 45 Arrived at BAD REICHENHALL.
- 1 May 45 Admitted to city hospital at BAD REICHENHALL.
- 17 Jul 45 Arrested at hospital

/Annex II

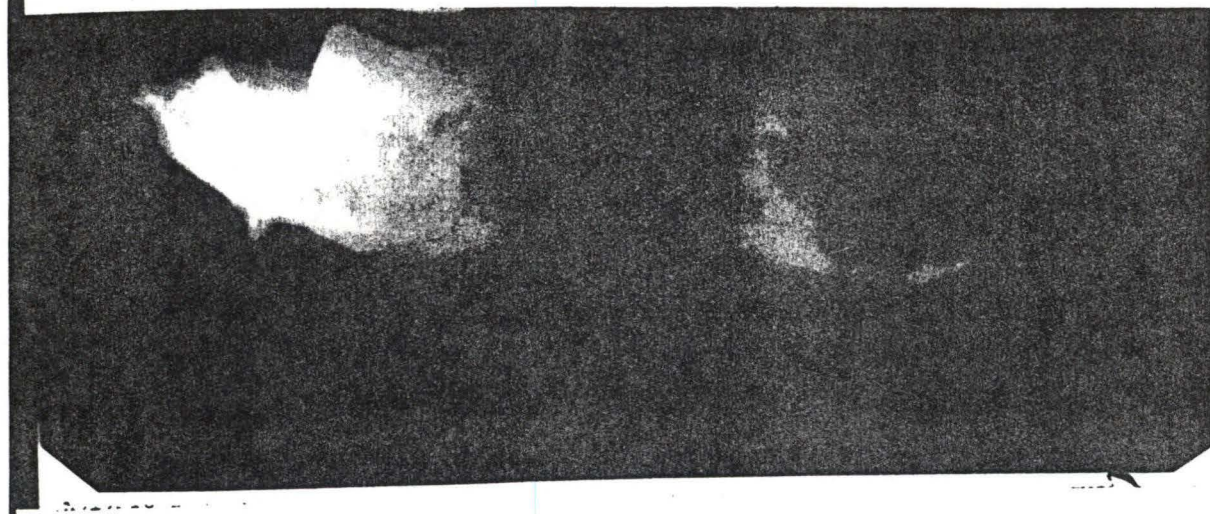


thological manifestation.

Right: Under the microscope, the skull is seen to be a highly magnified view of the skull, showing the structure of the skull and the structure of the skull. The skull is seen to be a highly magnified view of the skull, showing the structure of the skull and the structure of the skull. The skull is seen to be a highly magnified view of the skull, showing the structure of the skull and the structure of the skull.



DECLASSIFIED
NND 51352



Right: Background was covered with a light veil. With the use of a
 magnifying mirror, a very delicate, faintly visible, diffuse turbidity of the
 vitreous humor could be observed, obviously composed of infinitesimal particles.

For further details

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ATTACHMENT III

RECORD OF EYE EXAMINATION MADE 2 MAR 44 (TRANSLATION)

Source: LOEBLICH, Prof Dr

Position: Director, University
Eye Clinic, BERLINTable of Contents

1. Findings of Examination
2. Letter from Source to MOR LL concerning the findings.

1. Findings of Examination

The Fuehrer complained that he had been seeing everything as through a thin veil over his right eye for about two weeks. On closer questioning he mentioned that he had experienced a light stabbing pain, of transitory nature, in his right eye recently. He reads, of course, a good deal — especially before falling asleep — and the presbyopic glasses, prescribed in 1935, are hardly enough for this purpose now.

Visual acuity was tested under rather unfavorable lighting conditions. Results were as follows:

Right 3/12 (\pm 1.5 sph) 5/6

Left 5/6, glasses rejected.

Close vision:

Right (\pm 4.0) Niden II in 25-30cmLeft (\pm 3.0) Niden I in 25-30cm

Lid apparatus normal.. No fibrillation in articularis, incidentally no strong defensive reaction to instilling of drops or to tonometry. Motility normal. Anterior eye in good order on both sides in every respect. Pupils of equal diameter, round, and of normal reaction. Anterior chamber shows normal depth. Color of the iris on both sides equally dark blue-gray. After determination of normal inner pressure by palpation, mydriasis of pupils was induced, right with Homatropin, left (currently the eye with better vision) only with Veritol.

Ophthalmoscopy after about 30 minutes gave following results:

Left: Refractive media exceptionally clear. Eye background entirely clear and without pathological findings. Papilla of normal color, exhibiting well-defined physiological excavation. The retinal blood vessels were of normal width and extent. The choroid vessels could not be diagnosed because of the dark shade of epithelial pigment. Posterior pole and periphery also without pathological manifestation.

Right: Background was obscured by a delicate veil. With the use of a magnifying mirror, a very delicate, faintly mobile, diffuse turbidity of the vitreous humor could be observed, obviously composed of infinitesimal particles.

/The turbidity

APTEX III (contd)

No turbidity of the lens could be observed. The picture of the eye background was therefore not as clear as in the left eye, but still permitted all details to be distinguished: Papilla showed no evidence of pathology. Retinal blood vessels exhibited no noticeable peculiarities, especially no varices of veins or caliber irregularity of arteries. No hemorrhages, or white degenerative foci were observed. A foveolar reflex was not distinctly discernible. Periphery showed no pathological conditions.

The Tonometric examination (under Psicain) which was performed immediately following resulted in a reading of 8 on both sides with a weight of 7.5, that is to say, a completely normal inner eye-pressure.

Diagnosis: The misty perception with the right eye is explained by a very delicate but diffuse turbidity of the vitreous humor which, since no inflammatory processes can be observed, is to be attributed to minute hemorrhages into the vitreous humor. These hemorrhages do not seem to originate with the blood vessels of the retina. At least no pathological retinal conditions can be observed on either side. Probably a transitory variation in pressure possibly caused by a vessel spasm - is the explanation of the presence of blood.

PROPOSAL:

In order to assist in clearing up the turbidity, local application of heat is recommended, perhaps quarter-hour treatments twice a day with electrothermophor or Sollux lamp. Further recommended is instillation of 1% JK solution into right eye.

A discussion with Prof. LORELL was held in the presence of the Fuehrer, during which means of preventing the recurrence of such hemorrhages were evident. Everything contributing to the avoidance of unnecessary excitement, particularly during the period immediately before the night's rest, such as diversion in light reading, was recommended. The use of sedatives is naturally narrowly restricted. Some consideration was given to the use of Luminal tablets.

In addition a change of glasses was prescribed: Continuous use of glasses for distant vision is not necessary; but occasional use might be convenient. Therefore the following prescription was made for distant vision: Right +1.5 diopter spher., Left plane. The glasses for near vision must be strengthened. Right +4.0 diopter spher., left +3.0 spher. Bifocal glasses of the same strength are also to be provided.

2. Letter From Source to LORELL Concerning the Findings

Prof. Dr LORELL,

My dear Professor,

As arranged, I am sending you (Encl.) 2 copies of the result of my examination, which fortunately appears to be comparatively favorable, though it of course indicates the existing danger to the vessel system. I would like in addition to make a few explanatory remarks.

Application of heat twice a day for some 15-20 minutes will surely help to clear up the turbidity of the right eye more quickly. At the same time, I feel that the period of quiet which it makes necessary - even though only twice a day for 20 minutes - offers an opportunity for relaxation which is supplemented by the influence of the heat. Would a similar effect be achieved by a very moderate body massage once a day?

(Regarding the use of

ANNEX III (contd)

Regarding the use of glasses I should like to say the following: The glasses for distant vision will hardly ever be necessary. The bifocal glasses, on the other hand, would be very convenient whenever it is necessary to shift the eyes quickly between near and distant objects, for example, during a conference in which an individual must be seen clearly while at the same time a letter must be glanced at or followed. The wearer of the glasses thus does not have to put them on and take them off, but looks at distant objects through the upper section of the glasses and at objects near at hand, a document for instance, through the lower.

I consider frequent re-examination of the eyes unnecessary, indeed, for psychological reasons undesirable. I do think it advisable however, to recheck my findings after six or eight weeks, particularly in order to keep current on the condition of the retinal blood vessels.

I would like to take the opportunity afforded by this letter to express again my sincere thanks for the friendly reception which you have accorded me, and for your advice. It has been a deeply impressive experience for me to be able to have a glimpse into the manifold aspects of your highly responsible activity.

With friendly greetings,

Heil Hitler!

Your devoted

/s/ W. LEHLEIN

/ANNEX IV

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ANNEX IV

RESULTS OF EAR EXAMINATION BY PROF DR GIESING (TRANSLATION)

Sources: GIESING, Prof Dr Erwin Position: Oberstabsarzt
 MORILL, Prof Dr Theo Hitler's Personal
 Physician

The material which follows is excerpted from a report made by Dr GIESING on 18 Oct 44 after treating individuals injured during the 20 Jul bomb explosion. GIESING had been called in because he was the only eye, ear, nose and throat specialist in the vicinity. Only that portion of the report which relates to Hitler is reproduced.

LOETZEN Army General Hospital
Ward 5

The ear examination ordered by SS Gruppenfuehrer and Generalstabsarzt Prof Dr BRAUDET yielded the following:

22 Jul 44

Ears: Right--large, kidney-shaped central rupture lower front and rear. Bleeding badly. Whispering perceived only immediately into ear. Pronounced combined deafness of middle and inner ear. Indications of nystagmus to right.

Left--Slit-shaped central rupture. 3 mm long, lower rear. Whispered speech perceived at 4 meters. Slight combined deafness.

RIGHT

LEFT



8 Oct 44

Perforation completely closed on both sides after repeated cauterization of edges of eardrum, massage of eardrum, and air massage treatment. Whispering perceived on both sides at six meters.

Struyken Fork	right	left
250	53 seconds	70 seconds
4000	18 seconds	32 seconds

A sinus infection on both sides which was caused by a cold contracted from the barber has completely disappeared. X-ray examination of sinuses on 19 Sep 44 revealed a slight shadowing of maxillary sinuses. All other sinuses,

/including sphenoid

ANNEX IV (contd)

including sphenoid clear on both sides. Irrigation of left maxillary sinus performed by Prof EICKEL on 24 Sep 44 as check yielded two floccs of pus. Nose clear on both sides at final examination. No complaint. A slight laryngitis has also subsided. The slight tiring of the voice is due to a slight weakness of the vocal cord muscles (paresis of internus muscle).

No further treatment f ear, nose, or throat required.

Physician-in-Charge of Ward 5

/s/ Dr Giesing
DR GIESING
Oberstabsarzt

Ear, Nose, and Throat Specialist

/Annex V

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ANNEX V

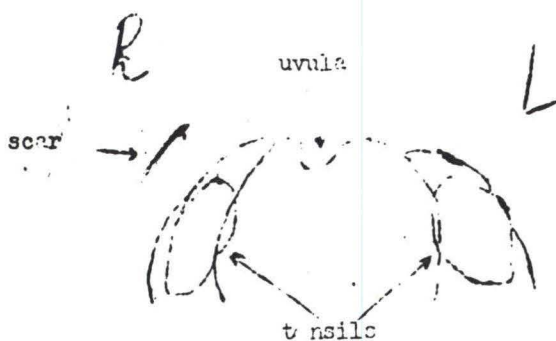
DRAWING BY PROF DR GIESING OF HITLER'S MOUTH

Source: GIESING, Prof Dr Erwin

Position: Oberstabsarzt

GIESING is the eye, ear, nose, and throat specialist who treated ear injuries suffered by HITLER during the assassination attempt of 20 Jul 44. At this time he was at the Army General Hospital at RASTENBURG (East Prussia).

The sketch was drawn from memory in June, 1945. It shows the uvula, tonsils and a scar resulting from cicatrization after tonsillitis in childhood.



/ANNEX VI

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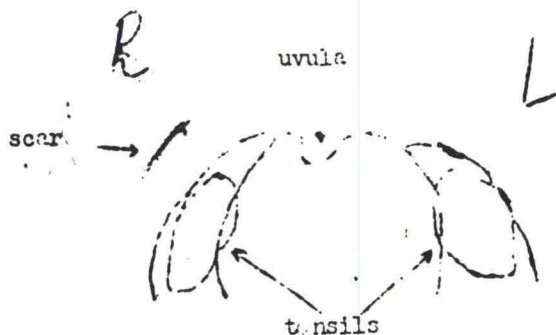
ANNEX V

DRAWING BY PROF DR GIESING OF HITLER'S MOUTH

Source: GIESING, Prof Dr Erwin Position: Oberstabsarzt

GIESING is the eye, ear, nose, and throat specialist who treated ear injuries suffered by HITLER during the assassination attempt of 20 Jul 44. At this time he was at the Army General Hospital at RASTENBURG (East Prussia).

The sketch was drawn from memory in June, 1945. It shows the uvula, tonsils and a scar resulting from cicatrization after tonsillitis in childhood.



/ANNEX VI

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ANNEX VI

RECORD OF HEART EXAMINATION OF 9 JAN 40 (TRANSLATION)

Source: MORELL, Prof Dr Theo

Position: Hitler's Personal
Physician.

PROF. THEO MORELL, M.D.
CONSULTATION HOURS: Week days 11-1 and 5-7 o'clock,
except Saturday afternoon

BERLIN W 15 January 9, 1940
Kurfuerstendamm 216
(Corner Fasanen Str.)
Subway station: Uhland Str.
Tel: 917382

Patient ----- A -----

Rp.

Pulse 72 Blood pressure 140/100 (50 Years)

2nd Aortic sound, today only weakly accentuated.

Blood Group A

with Miss Kempin

Blood sedimentation

Blood picture

Blood sugar

Interferometry--Schrift-Gurbach

vit. B and C and Cortiron Trial (Hordmarkwerke)

/ANNEX VII

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ANNEX VII

FOUR ELECTROCARDIOGRAMS OF HITLER

Sources: WEVER, Prof Dr Karl
MORELL, Prof Dr Theo

Position: Director, Bad Nauheim Heart
Institute
Hitler's Personal Physician

These electrocardiograms were made by Dr. MORELL and interpreted by Dr. WEVER. A rapidly progressive coronary sclerosis was diagnosed by Dr. WEVER on the basis of the electrocardiograms alone. He now clearly recalls the case and confirms his opinion, though emphasizing that he had no other basis for his judgment. Indeed he was told only that the patient was a "very busy diplomat".

/Electrocardiogram I.....

ELECTROCARDIOG M. I.

DATE: July 14, 1941

AGE: 51

CLINICAL DIAGNOSIS: Coronary Sclerosis

ATRICULAR RATE: 88

P-QRS Interval: 0.10-11

VENTRICULAR RATE: 88

QRS Complex: 0.08

RHYTHM: Pacemaker apparently originates in the uppermost portion of Tawara node Axis Deviation: Left

LEAD I: Slight slurring of Q/R, voltage of T(0.20 mm), slight depression of R-T segment, slight notching of P, small Q-wave present(1.2 mm), R-wave (12 mm); P-wave(0.-0.5 mm)

LEAD II: slight slurring of R, voltage of T (0.5 mm), low take off of S-T segment, R-wave 5 mm, P-wave 0.3-0.4 mm,

LEAD III: slight slurring of R/S, diphasic P, R-wave 1.8 mm, S-wave 5-6 mm slight arrhythmia.

NOTE: Standardization present

Horizontal spacing: 0.04 sec, Vertical sp. 1 mm. Actual square-spacing: 0.075"

/ Electrocardiogram II.

Klin. Diag.: chronisch

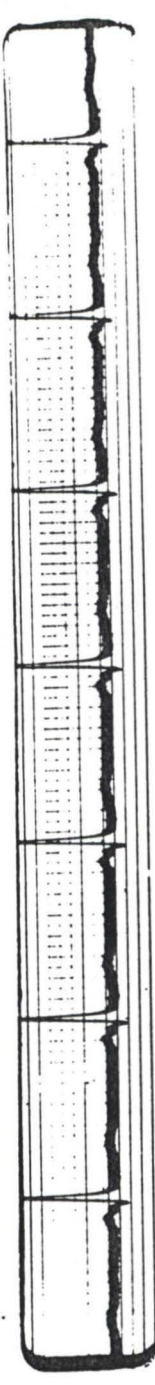
Old. Diag.:
Diag. clin.:

Nr. X Name:
No. Nom:

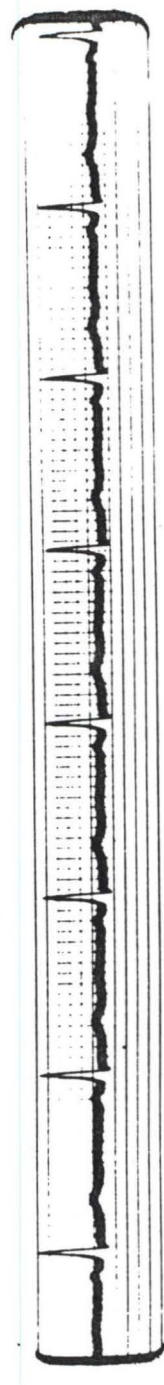
Datum: 14. IV. 41. Alter: 51.
Date: Age:

Beruf:
Profession:

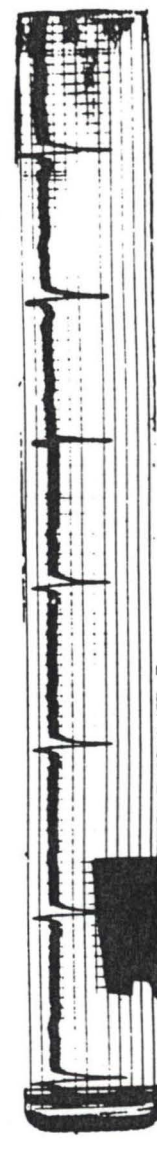
Abi.
Circuit
Derivation



II



III



SRW 637 C. VIII q. 100 295

Prof. Dr. Th. Wenzel

Imported on Abbe's - Printed in Germany

ELECTROCARDIOGRAM II.

DATE: May 11, 1943

Disease Coronary sclerosis

AGE: 54

AURICULAR RATE: 85-90

P-QRS Interval: 0.12

VENTRICULAR RATE: 85-90

QRS complex: 0.08

RHYTHM: pacemaker, apparently originates in the uppermost region of Tawara node or in the lowermost region of Sinus node

Axis deviation: left

LEAD I: Slight notching of base of R, low -inverted T, very slight low take off of R-T segment, P-wave 3 mm, R-wave 9.5 mm, Q-wave 0.75 mm.

LEAD II: slurring of R, practically isoelectric T, Low take off of RS-T segment, voltage of P 3 mm, voltage of R 3 mm.

LEAD III: slight slurring of R / S, low voltage; nearly isoelectric T, voltage of R 1 mm, voltage of S 5.5 mm.

NOTE: Standardization is not present.
Horizontal spacing: 0.04 sec, vertical sp: 1 mm
actual square-spacing: 0.075"

/Electrocardiogram III (a)

mit 6 gestrichen
il. mai 1943.

Name: Pat. A.

Geb.-Dat.:

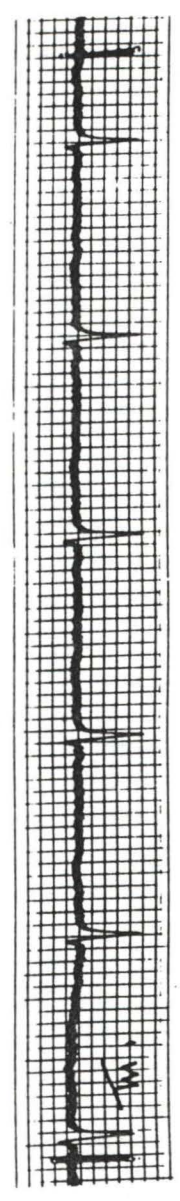
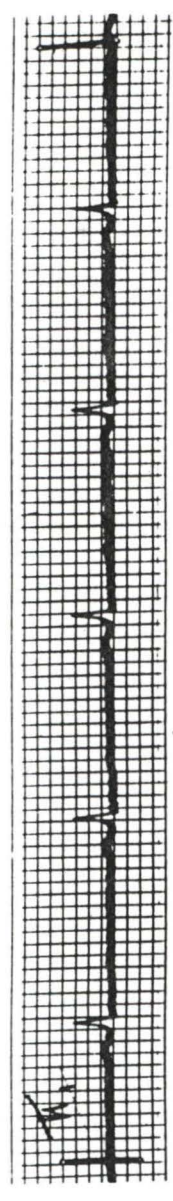
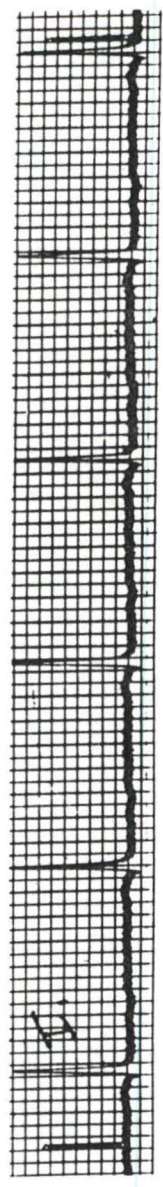
Vorname:

Geb.-Ort:

Wohnung:

Krkht.:

Jahrgang:	54 Jhr.
Quartal:	A



ELECTROCARDIOGRAM III (a).

DATE: September 24, 1948

Clinical diagnosis: Switch on A..

AGE:

AURICULAR RATE: 85-90

P-QRS Interval: 0.10-11

VENTRICULAR RATE: 85-90

QRS Complex: 0.08

RHYTHM: Pacemaker apparently originates in the uppermost portion of Tawara node. (conduction time: 0.10-11).

Axis deviation: Left

LEAD I: low inverted T, slight low take off of R-T segment; notching of P. voltage of P 0.3 mm, small Q wave (1 mm), voltage of R 8.5 mm,

LEAD II: slight slurring of R, isoelectric T, low take off of R-T segment, voltage of P 0.3 mm, voltage of R 3 mm,

LEAD III: slight slurring of base of R, Voltage of R 1.3 mm, voltage of S 6 mm,

NOTE: Standardization present.

Horizontal spacing: 0.04 seconds, Vertical spacing: 1 mm,

actual square-spacing: 0.075".

/ Electrocardiogram III (b)

Wm. Diag. : Epimastigote

Slide 6

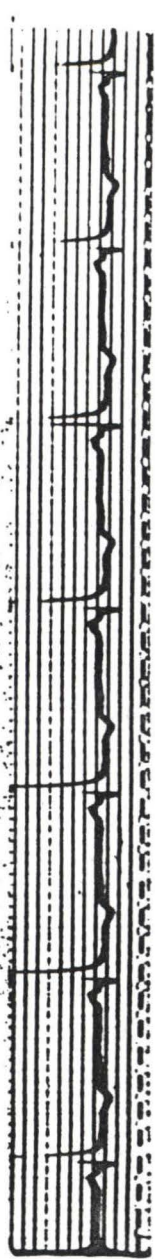
Pat. No.

Name :

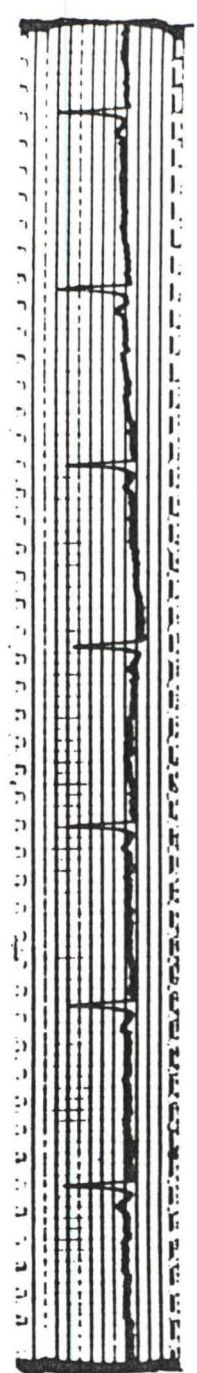
Date : 24.9.44

Sex :

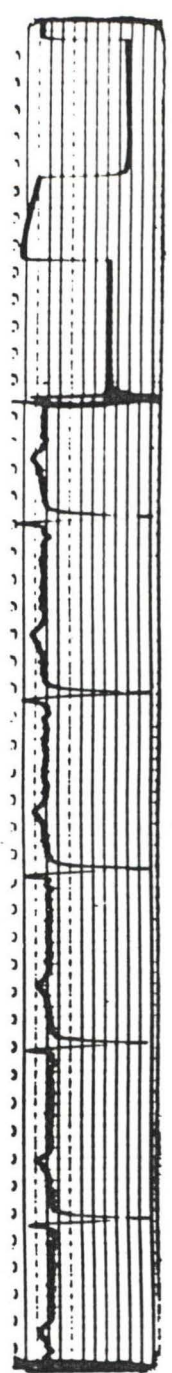
Age :



ADT
I



II



III

ELECTROCARDIOGRAM III (b).

DATE: September 24, 1964

Clinical diagnosis: Coronary sclerosis

AGE

Note: Switch on M. 6, apparently effect
standardization.

AURICULAR RATE: 85-90

P-RS interval: 0.10-11

VENTRICULAR RATE: 85-90

QRS complex: 0.08

RHYTHM: pacemaker, apparently ori- axis deviation: Left
ginates in the uppermost por-
tion of Tawara node (conduc-
tion time: 0.10-11).

LEAD I: notching of P, inverted T, low take off of R-T segment

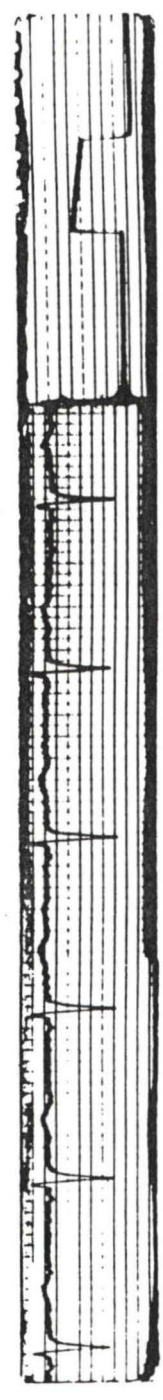
LEAD II: slight slurring of R, isoelectric T, low take off of R-T segment.

LEAD III: very slight slurring of R / S.

NOTE: Standardization increased.
Horizontal spacing: 0.04 sec., vertical spacing: 1 mV.
Actual square-spacing: 0.075".

/ Annex VIII

Nr. _____ Name: *Peter A.* Kin. Diag.: _____
Date: *24.9.44* Baro: _____ Alter: _____ *Stage 4*



Nr. _____ Name: Pat. A. 10th. Div.: Commissaire
Date: 24.9.44 Board: _____ Alter: _____
Step 4



HEAD, ATLAS:
UNITED STATES FORCES EUROPEAN THEATRE
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ANNEX VIII

RESULTS OF TWO URINALYSES

Source: LORELL, Prof Dr Theo

Position: Hitler's Personal
Physician

Table of Contents

1. Urinalysis performed 11 Jan 40
2. Urinalysis performed 21 Dec 40

1.

PATIENT: _____ 4 _____

URINE EXAMINATION

REACTION: _____ alkaline _____

ALBUMEN: _____ negative _____

SUGAR: _____ negative _____

UROBILINOGEN: _____ positive _____

SEDIMENT: moderate, Calcium carbonate. Sporadic leukocytes, both dead
and alive. Number of Coli Bacilli. _____

2.

PROF. Theo. LORELL, M.D.

Berlin W15, 21 Dec 1940. Kurfuersten-
damm 216 (corner Fasanen St.) Subway
station Uhland Str..

Tel: 917382

PATIENT: _____ 4 _____

URINE EXAMINATION

REACTION: _____ acid _____

ALBUMEN: _____ fine protein _____

SUGAR: _____ negative _____

UROBILINOGEN: _____ slightly increased _____

SEDIMENT: Very sporadic leukocytes. Some ALUMINIUM-Mg-PHOSPHATE. _____

Annex IX

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ANNEX IX

RESULTS OF THREE FECAL EXAMINATIONS (TRANSLATION)

Sources: NISSE, Prof Dr	Position: Staff of FREIBURG RESEARCH in-
MORELL, Prof Dr Theo	stitute Hitler's Personal Physician

Table of Contents

1. Examination made 18 Jan 40
2. Examination made 5 Jun 41
3. Examination made 8 Jun 41

1. Prof. Dr. A. Nisse
Research Institute
Fuerstenberg Str. 15

Freiburg 1 Br., 18 Jan., 1940
Postal Check Account: Karlsruhe 27431

Tel: 7844

RESULT OF EXAMINATION

To: Prof. Dr. Morell, M.D.,
Berlin W 15

Examination of the stool specimen, received on 15 Jan., 1940, of
patient A ----- showed the following:

Reaction acid
Strikingly poor growth

Only a few acid-forming Coli bacteria were present; they did not behave typically under culture and did not completely correspond serologically to the MUTAFIOR strain, showing themselves to be inferior and antagonistic. Concentration of the fecal specimen resulted only in increased growth of the same organism, no other bacteria and no helminthous eggs.

Microscopic examination of the stool specimen showed an entirely normal picture, only vegetable fibres being observed.
/s/ Nisse

2. Private Research Laboratory
Prof. Dr. Theo MORELL
HAMBURG 39, Bellevue 42.

Hamburg, 5 Jun 1941

Result of Feces Examination of A.

The specimen submitted is dirty grey-brown, very thin and mushy, and without courser components.

Reaction is weakly acid with a Ph of 5.5.
/Microscopic examination

2. Result of Feces Examination of A(cont'd)

Microscopic examination:

In an emulsion with NaCl solution there was found mainly amorphous crumbling material, and only occasional remnants of vegetable fibers. Iodine reaction negative. No undigested starch, no crystals.

A stained smear specimen exhibits principally Gram-negative bacteria with, however, rather numerous Gram-positive bacteria. Fat and undigested muscle fibers were not present.

Chemical examination:

Catalase reaction: positive
Benzidine-reaction: negative

Bacteriological examination:

Process: NaCl emulsion with a small quantity of feces, then transfer to:

1. ENDO-plates
2. Bromthymolblue plates
3. Ammonium-Citrate-agar-plate.

After a 2- hour incubation at 37 degrees C., microscopic and macroscopic evaluation.

The Ammonium-Citrate-agar plates are incubated for 48 hours at 37 degree C.

From the plates another transfer of individual colonies is made to endo's medium and to Bromthymolblue-agar. Stab cultures are also made in gelatine. After isolation of further single colonies, transfer of coli and paracoli germs is made from these to 1% pepton solution containing 1% each of:

1. glucose
2. saccharose
3. lactose
4. maltose
5. levulose
6. dulcitol

Check of gas and acid formation after 24 and 48 hours, (by applying fermentation tube and methylred test) also by making the Voges-Proskauer reaction.

To make an anaerobic study, a transfer from the NaCl emulsion to liver bouillon and then to Zeissler agar is made, with evaluation every 24 hours.

Summary of Findings:

1. ENDO-agar: There was almost throughout a growth of red coli colonies, though the red formation was retarded. True paracoli are not evident. Also found were enterococci, proteus germs and isolated colonies of lactis aerogenes.

2. Bromthymolblue-agar: the results correspond to those of ENDO-agar.

3. Ammonium-citrate-agar: Very sporadic colonies of aerogaster aerobenes.

The Endo-plates, after 48 hours at room temperature, showed rich growth of *OLDIUM-lactis*.

/4. Examination of

2. Result of Feces Examination of A(contd)

4. Examination of single colonies:

A. The colonies known as bacillus "lactis aerogenes" exhibit in part somewhat swollen ends with irregular staining (usually bipolar nodes). The bacteria are Gram-positive. In the 1% pepton solution with addition of glucose, lactose, maltose, and saccharose there was acid formation.

Methyl Red reaction: positive.

Voges-Proskauer reaction: negative

B. Four strains growing red on Endo medium in Pepton solution:

	after 12 hours				after 24 hours
	red	red	red	red	
	I	II	III	IV	I-IV
1. glucose	+	+	+	+	+
2. saccharose	+	+	+	+	+
3. lactose	-	-	-	-	+
4. maltose	+	+	+	+	+
5. levulose	+	+	+	+	+
6. dulcitol	+	+	+	+	+
7. methyl red test	+	+	+	+	+
8. Voges-Proskauer reaction	-	-	-	-	-
9. gelatine liquidation	-	-	-	-	-

On the anaerobe plates there are isolated clostridia of the type putrificus.

CONCLUSION: Examination of the submitted stool specimen reveals a generally normal picture. Presence of Paracoli bacteria could not be demonstrated, though the coli bacteria show a slight decline in fermentive activity which is plainly due to the acid reaction of the specimen.

Examination of individual bacteria of the aerogenes and aerobacter group shows no pathological deviation.

Summary: Practically speaking, result of examination is normal.
/s/(illegible)

3. Bacteriological Research Institute
Director, Prof. Dr. A. Nissle
Freiburg i. Br.
(17 a)
Furstenberg St. 15 Tel: 7844

Freiburg i. Br., 8 Jun 1944
Postal check account: Karlsruhe
/27431

Result of Examination

To: _____ Professor Dr. Morell _____ M.D. _____

_____ Berlin W 8 _____

Examination of the stool specimen received on _____ 3 Jun 1944 _____

of _____ PATIENT A _____

showed the following:

/Reaction acid
- 3 -

3. Bacteriological Research Institute(contd)

Reaction acid

Poor growth. In the first culture only a few culturally typical Coli bacteria were present. No other organisms were found after concentration of the specimen. The coli bacteria correspond completely to the MUTAFLOP strain with few exceptions. No helminthous eggs were present.

Though the bacteria content of the specimen was conspicuously small, the composition of the intestinal flora was most satisfactory since no pathological elements were to be found.

/s/Hissle

/Annex X

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ANNEX X

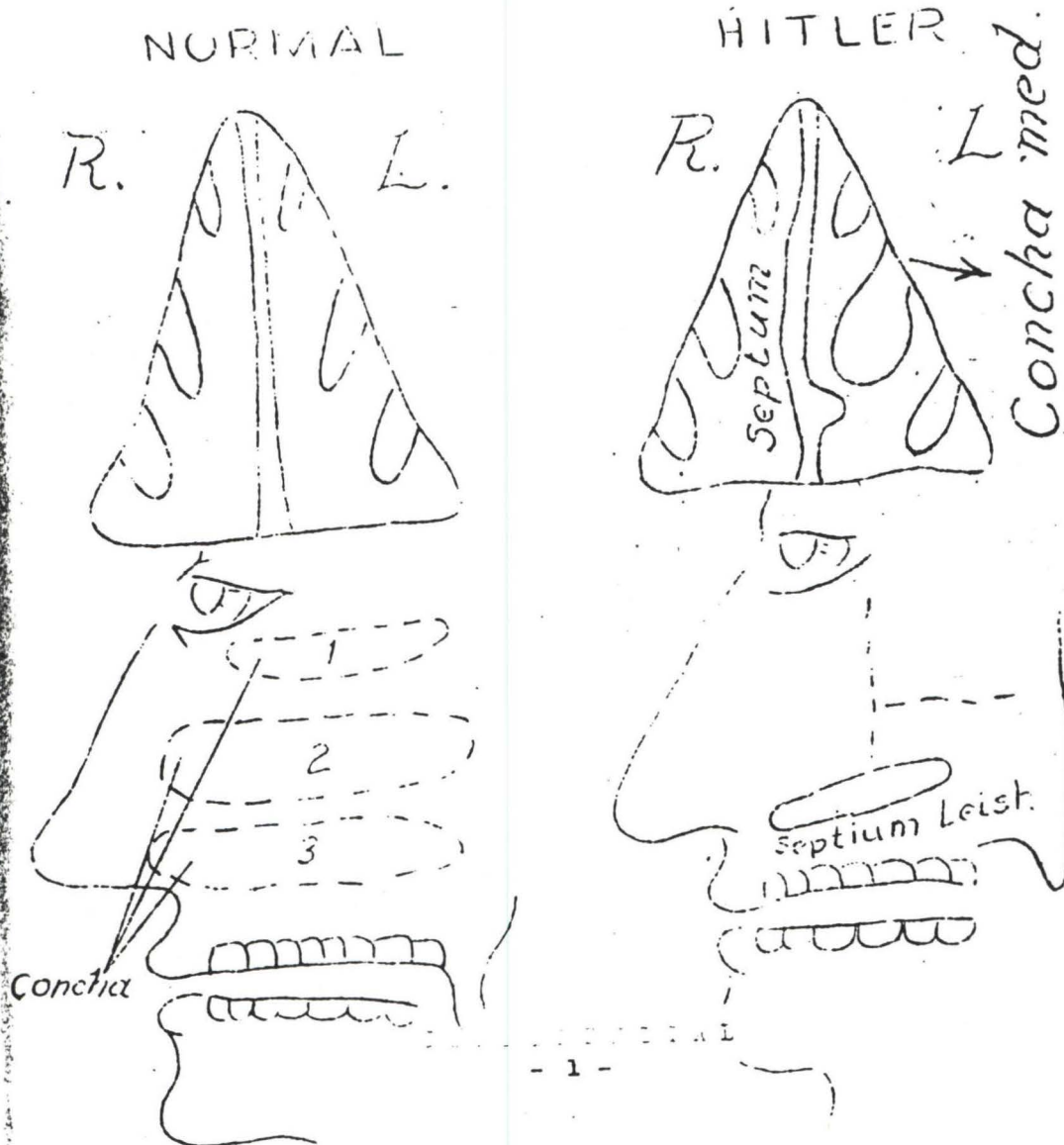
DRAWING OF HITLER'S NOSE

Sources: GIESING, Prof Dr

Position: Oberstabsarzt

This sketch was drawn from memory in June 1945 by Prof Dr GIESING, formerly Oberstabsarzt in charge of the ear, nose and throat clinic at the Army General Hospital, in EASTENBURG, East Prussia. He treated ear injuries suffered by HITLER during the assassination attempt on 20 Jul 44. The sketch illustrates hypertrophy of concha media and deviation with bony ridge formation of septum in Hitler's nose as contrasted with the normal.

/Annex XI



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A N N E X X I

BLOOD SEDIMENTATION RATE TEST

Source: MORELL, Prof Dr Theo

Position: Hitler's Personal
Physician

PROF. Theo MORELL, M.D.

BERLIN W 15, 9 Jan 1940
Kurfürstendamm 216 (corner Fasanen St.)
Subway station: Uhland St.

Tel: 917382

PATIENT: ----- PATIENT A -----

SEDIMENTATION RATE of blood corpuscles

WESTERGREEN METHOD

1st hour= 4' -- mm

NORMAL VALUE: up to 10mm.

2nd hour= 9 -- mm

Median value: 6.5 -- mm

BLOOD SUGAR DETERMINATION, SEIFFERT METHOD.

----- 110 ----- mg%

Normal value: 90 - 120 mg%

/Annex XII

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ANNEX XIII

WASSERMANN, MEINICKE AND KAHN TESTS

Sources: MORELL, Prof Dr Theo Position: Hitler's Personal Physician
BRINKMANN, Prof Dr E. Staff of Medical Diagnostic
Institute, BERLIN

Medical Diagnostic Institute

Dr. A Schmidt-Burbach, M.D.
Berlin 7, Schiffbauerdamm 3
Tel. 423759 - Postal Check account
Berlin 183620

LAB. No. - 244 - - -

To: - - - Prof. Morell - - - M.D. - - -
BERLIN W 15

RESULT of EXAMINATION

Mrs. PATIENT A
of Miss - - - - -
Mr. - - - - -
Health Insurance Society: Membership No. - - - - -

Wassermann: - - - - - negative - - - - -

Meinicke(MKRII): - - - - - negative - - - - -

Kahn: - - - - - negative - - - - -

Pallida reaction: - - - - -

Complement test for Gonorrhea: - - - - -

Complement test for tuberculosis: - - - - -

MEINICKE-Tuberculosis-reaction: - - - - -

BERLIN, 15 Jan 1940 - - - /s/by E. Brinkmann

/Annex XIV

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ANNEX XIV

DIFFERENTIAL BLOOD COUNT

Source: NORELL, Fred Fr Theo

Position: Hitler's Personal Physician

PROF. Theo NORELL, M.D.

Berlin, W 15 - 9 Jan 1940.
Kurfurstendamm 216 (corner Fasanen St.)
Subway station Uhland St.

Tel: 917382

PATIENT: PATIENT A

RESULT of BLOOD EXAMINATION

RED CORPUSCLE COUNT: 4.7 mill. Normal: 4.5 - 5 mill.
HEMOGLOBIN DETERMINATION: 97 % Normal: 100 %
COLOR INDEX: 1.03 Normal: 0.9 - 1.0
WHITE BLOOD COUNT: 5000 Normal: 6 - 8000

WHITE BLOOD CORPUSCLE DIFFERENTIAL

BASOPHIL 1 % Normal: 0 - 1
EOSINOPHIL 6 % Normal: 2 - 4
NEUTROPHIL MYELOCYTES: Normal: 0
NEUTROPHIL JUVENILE: Normal: 0 - 1 %
NEUTROPHIL STABKERNIGE 3 % Normal: 3 - 5
NEUTROPHIL SEGMENTKERNIGE 57 % Normal: 58 - 66
LYMPHOCYTES 28 % Normal: 21 - 35
MONOCYTES 5 % Normal: 4 - 8

/Annex XV

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A N N E X XV

BLOOD SERUM DIFFERENTIAL

Sources: MORELL, Prof Dr Theo Position: Hitler's Personal Physician
BRINKMANN, Prof Dr E. Staff of Medical Diagnostic
Institute, BERLIN

The following is a translation of a report submitted to Dr. MORELL by the Medical Diagnostic Institute of Dr. SCHNIDT-BURBACH in BERLIN, after tests had been made to determine deficiencies of individual glandular secretions in the blood of HITLER. The process followed involves the use of an interferometer to determine to what degree each of the glandular secretions in Hitler's blood serum was affected by catabolic fermentation. "Normal" destruction of glandular secretions by fermentation is obtained from a table which has been set up to provide an indication as to the sufficiency of concentration.

The determination is made by preliminary calibration of the interferometer with fresh serum in both chambers: units of drum reading are used to express the amount of deviation between the two beams. Then the serum in one chamber of the instrument is substituted for an equivalent amount of serum which has been incubated for 24 hours at 37° C, after the addition of a predetermined amount of standardized glandular extract (Organomesto). Then the two beams of the interferometer are again brought into phase. The amount of change necessary to accomplish this, again expressed in units of drum readings, indicates the degree to which the particular glandular secretion involved has been affected by catabolic fermentation in the blood of the patient. The operation is repeated for each glandular secretion to be investigated.

Graphical representation of the findings appearing on the following report have not been included because of the difficulties of reproduction.

MEDICAL DIAGNOSTIC INSTITUTE
DR. A. SCHNIDT-BURBACH, M.D.

Berlin NW 7, Schiffbauerdamm 3
Tel.: 423759

Postal Check Account:
Berlin 183620

Lab. No. 286

Reading on calibration with fresh serum 1467 drum units.

(The drum reading for each individual component is the sum of the calibration reading and the catabolic valuation reading listed below.)

Component	Catabolic Valuation (in drum units)		
	Normal	Patient	Evaluation
Hypophysis, pars ant.	13	13	
Hypophysis, pars post.	17	12	
Hypophysis, total	14	..	
/Parathyroid gland			

- 1 -

- 1 -

Blood Serum Differential (contd)	Normal	Patient	Evaluation
Component	18	18	
Parathyroid gland			
- Thyroid gland	19	14	
Thymus	18	18	
(Testis	2007	9	
- (168	..	
(Ovarium	194	14	
(1657	..	
Suprarenal gland, cort.	15	18	
Suprarenal gland, total	12	11	
Cutis	24	..	
Lien	12	13	
Hepar	11	10	
Pancreas	11	12	
Kidneys	14	..	
Corpus luteum lutin	13	..	
Folliculin phase	10	...	

(Tr. Note: Following are pencilled notations, presumably representing the three extracts whose use was contemplated to correct the three hormone deficiencies indicated by the test and checked with pencil in left margin above.)

Orchikrin
Hypoph. from Merck
Thyr.

RESULT OF EXAMINATION

MAKING INTERFEROMETRIC DETERMINATION OF CATABOLIC FERMENTS IN BLOOD SERUM USING ORGANOGENOSIO (PRIONTA)

NAME: PATIENT A -----

Physician: Prof. Morell, M.D. -----

Lab. No. 286 ----- Blood Taken 9 Jan 1940 -----

REMARKS:

Evaluation not possible at this time. Will follow.

BERLIN, 10 Jan 1940

/s/ by E. BRINKMANN

/Annex XVI

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ANNEX XVI

TRANSLATION OF CONSULTATION NOTES BY DR MORELL

Source: MORELL, Prof Dr Theo

Position: Hitler's Personal Physician

Following is a translation of hand-written consultation notes made by Dr MORELL sometime after seeing Hitler on 4 May 44, with additional notes made the following day.

Prof. THEO MORELL, M.D.

Consultation hours: Weekdays 11-1 and PM 5-7 o'clock
excepting Saturday afternoon

Berghof

EKG Patient A, on 4 May 44....

I and II lead: isoelectric T - strong muscle current

Since, a series of injections of 20% glucose, occasionally with added iodine(Septoid 10cc), administered intravenously. Intramuscular injections of Vitamultin-Calcium, Tonophosphan, and of varying amounts of Glyconorm or liver extract.

Per Os: Vitamultin tablets, 4-6 a day, at meals. Also Luizym and Glyconorm and Euflat or Antigas pills from time to time.

Recommended but not followed:

Massage, early retiring, prolonged stays in open air, restrict fluid intake.

Further necessary:

Breathing free oxygen two to three times daily. Intravenous injections of glucose with added Strophantin and possibly also with heart muscle extract in phosphoric acid. At first three times daily, then every second day. Restrict fluid intake to 1200 cc a day. Testoviron intramuscularly.

If not feeling well don't hesitate to take a swallow of coffee or 10 to 15 drops of cardiazol.

Make sure of regular defecation.

Since neither anginal syndromes nor obstructions appear, immediate prognosis is favorable.

Smoking and drinking fortunately not involved.

Necessary: EKG

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Annex XVI (contd)

Necessary: EKG after a day's work and then another after 10 knee bends.
Take x-ray of heart.

Consultation and treatment on 5 May:

Glucad. Intrav. plus Testov., Vit. C and glyco. intron. Massage flatly rejected in spite of earnest recommendation. Total daily rest 10 hours as required. Earlier retiring is impossible because of air raids. Consented to reduction of fluid intake to 1200 cc daily.

Presence of slight edema formations on shin bone could be noted under finger pressure.

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OI - FIR/31
5 Feb 46

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OI FINAL INTERROGATION REPORT (OI - FIR) No. 31

HITLER'S TEETH

Source: BLASCHKE, Dr Hugo Johannes Position: Brig Gen in Waffen SS,
Hitler's dentist

This is the third report of a series dealing with Hitler's physical and mental condition. It is based on information obtained from the dentist who treated Hitler from the beginning of 1934 to 20 Apr 45.

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3. REPORT: "HITLER'S TEETH"	2
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(b) Replacements	3
(c) Cavities untreated	4
(d) Color of Teeth	4
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ANNEXES

- ANNEX I: Treatment of Hitler
ANNEX II: Martin Bormann's Teeth
ANNEX III: Dr. Brown's Teeth
ANNEX IV: Chronological Account of Source's Career

- 1 -

WAR CRIMES DISCLOSURE ACT
2000

THE C.I.A. HAS NO OBJECTION
TO THE DECLASSIFICATION OF
THIS DOCUMENT.

WAC 8/21/00

1. REFERENCES

- a. USFET-MIS Center, Report OI-CIR/ 2, dated 15 Oct 45
- b. USFET-MIS Center, Report OI-CIR/ 4, dated 29 Nov 45

2. REASON FOR REPORT

This information is being published in order to provide:

- a. data useful in the identification of Hitler or his remains;
- b. knowledge needed to expose those frauds who in later years may claim to be Hitler, or who may claim to have seen him or talked to him;
- c. research material for the historian, the doctor and the scientist interested in Hitler.

Descriptions of the teeth of Eva BRAUN and Martin BORMANN are appended as Annexes II and III for the purpose of assisting identification of their remains, if found. The fact that they were intimates of Hitler and with him during the last days of the Battle of Berlin prompts inclusion of this material.

3. REPORT: "HITLER'S TEETH"a. Introduction: Source

(NOTE: For details of Source's career see Annex IV)

Dr Hugo Johannes BLASCHKE was a Brigadefuehrer (Leader of a Brigade) and Brig Gen in the Waffen-SS. He was called in to treat Hitler by Hermann GOERING in the early part of 1934. He was Hitler's dentist from that time until his departure from the Reichs Chancellory and BERLIN during the night of 20-21 Apr 45. His last treatment of Hitler was some time in mid-February, 1945. Neither he nor anybody else is believed to have treated the Fuehrer after that time.

The description of Hitler's teeth was made by BLASCHKE with the aid of X-ray pictures of Hitler's head taken on 19 Sep 44 (See Annex III of l.b. above.) Source's information on Hitler's teeth is considered reliable.

BLASCHKE was interned on 28 May 45 and interrogated during November and December of 1945.

b. Characteristics of Hitler's Teeth(1) Verbal Description(a) Natural Teeth

The following natural teeth were present in April 1945, either entirely (except for fillings) or partly:

(NOTE: Teeth that have fillings are hereafter referred to as present in their entirety, while those with crowns, or with chips or pieces broken off are referred to as present in part.)

Upper Right Jaw: Central incisor (partly)
Cuspid (partly)
1st bicuspid (partly)

Upper Left Jaw : Central incisor (partly)
Lateral incisor (partly)
Cuspid (partly)

Lower Right Jaw: Central incisor (entirely)
Lateral incisor (entirely)
Cuspid (partly)
1st bicuspid (entirely)
2nd bicuspid (partly)

Lower Left Jaw : Central incisor (entirely)
Lateral incisor (entirely)
Cuspid (partly)
1st bicuspid (partly)
2nd bicuspid (partly)
3rd molar (partly)

(b) Replacements

The following replacements were present in April 1945:

Upper Right Jaw: A bridge, extending from central incisor to 2nd bicuspid and consisting of the following elements:

- 1 Richmond crown (pivot in root canal, golden back - lingual - part, frontal - labial - porcelain facet) on central incisor,
- 2 Golden back part, frontal porcelain facet over space of missing lateral incisor
- 3 Full gold crown over cuspid,
- 4 Full gold crown over 1st bicuspid,
- 5 Freely suspended golden masticating surface over space of missing 2nd bicuspid.

Upper Left Jaw : A bridge, extending from central incisor to 1st bicuspid and consisting of the following elements:

- 1 3/4 crown (window crown) on central incisor, consisting of frontal platinum ring and golden back part,
- 2 Richmond crown on lateral incisor,
- 3 Full gold crown on cuspid,
- 4 Freely suspended golden masticating surface and back part with frontal porcelain facet over space of missing 1st bicuspid.

This bridge extended farther until the end of October 1944. At that time BLASCHKE extracted the 2nd bicuspid and cut the bridge between the 1st and 2nd bicuspid. The straight edge produced by the cutting is strikingly characteristic.

In the upper jaw were present after removal of the old bridges; (see drawing on page 6 of report)

consequently, two possibilities offered themselves:

1. A removable, supported prosthesis, restoring the ability to masticate as far as the bridge in the lower right jaw would allow;
2. A fixed bridge with a slightly smaller masticating surface. Since in Hitler's case an edge-to-edge bite was present, the ability to masticate would have been sufficient, despite the missing molars,

"Hitler rejected a removable prosthesis. He remarked to this point that for him as a vegetarian the fixed bridge would suffice, since he had a special kitchen at his disposal at all times.

"The following bridge was then made (see drawings on page 5 of report).

"Hitler's treatment was finished. The treatment of the root of the lower left lateral incisor was repeated during one of the last sittings (for the fitting of the bridge), after an X-ray check-up had revealed a noticeable reduction of the infection focus at the root-tip.

"I agreed with Hitler that I would have to examine his teeth in intervals of three or four months at the most, since only constant supervision, especially of the lower incisors, could tend to avoid similar extensive work in the upper jaw.

"I was able to make these check-ups fairly regularly until the outbreak of the war.

"No extensive work was not necessary during those years...

"Treatments were performed at either the Berlin Chancellery or the Berghof on Obersalzberg. Dental stations existed in either place.

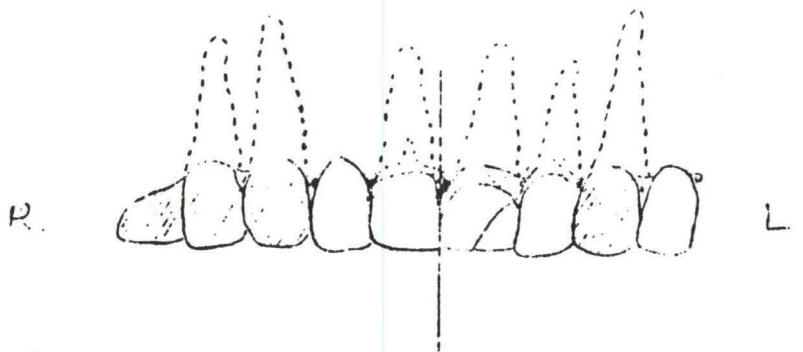
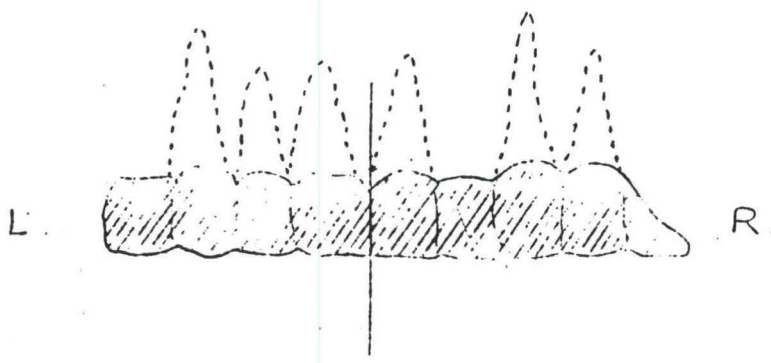
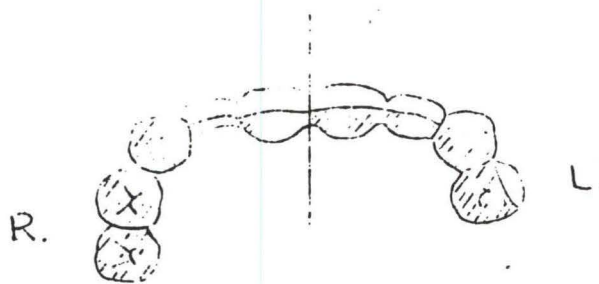
"In the years 1938-39 I did not succeed for a long time (I think it was a little more than a year) in treating Hitler. Whenever I called I was told that treatment was not possible at the time, and that I should wait until notified. When I was finally called pain was present. The upper left central incisor had an extensive caries...

"In contrast to previous years, treatments from now on were more difficult to carry out, since Hitler had very little time. He was in addition very worried about pains that might be caused by the treatments and demanded the greatest caution to have them avoided. I could never be sure whether a treatment scheduled would come off or whether it would be postponed indefinitely. It was, however, possible to keep the tooth permanently quiet... A conclusion of the treatment, i.e., filling of the root and final filling of the cavity, was never achieved...

"At the "Welfschanze" headquarters treatments were performed in a truck-mounted dental station, provided by the guard battalion of the Regiment "Gross-Deutschland". Later, on account of the menace of air-raids, a dental station was installed in one of the shelters.

"Towards the end of September (1944) I was called to the headquarters. Hitler complained about slight tenderness of the gingiva of the upper left jaw. He was bed-ridden. He was, as Prof Morrell told me, suffering from an inflammation of the naso-pharyngeal area...

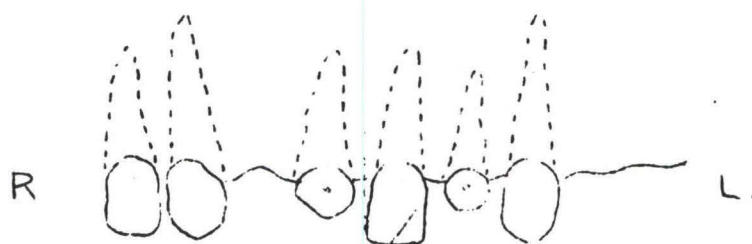
"Examination of the left upper jaw disclosed only slight rubor of the gingiva around the 2nd bicus id, no pain and hardly any secretion. When Hitler was able to get up again, an X-ray photo of the 2nd bicuspid was made.

(2) DrawingsUpper Jaw, seen frontally (labial)Upper Jaw, seen from the back (lingual)Upper Jaw, seen from below (distal)

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This is a view of the Upper Jaw, seen frontally, as it would appear if all artificial elements except fillings were removed:

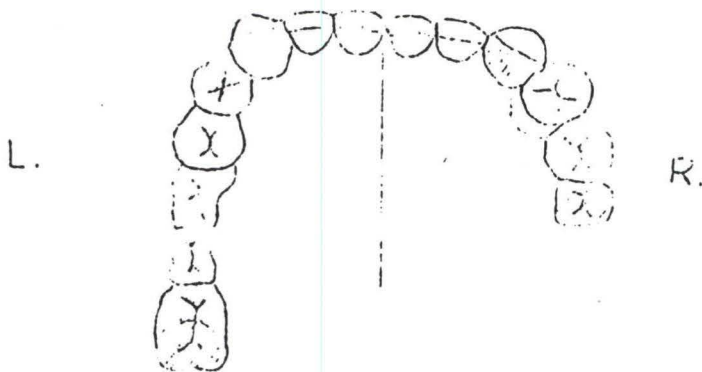


Lower Jaw, seen frontally

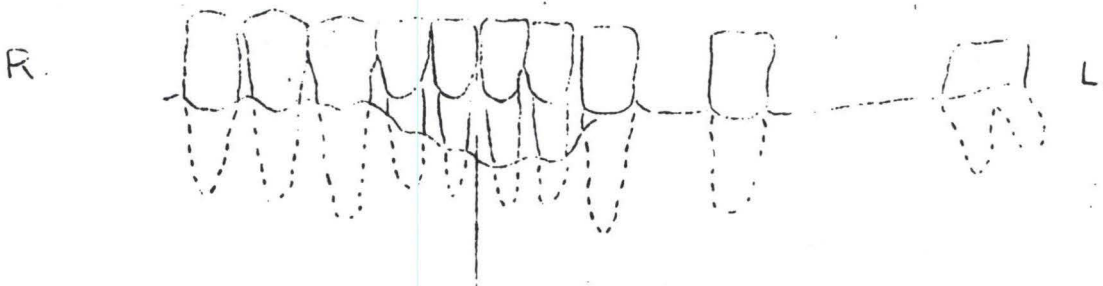


Lower Jaw, seen from the back



Lower Jaw, seen from above

This is a view of the Lower jaw, seen frontally, as it would appear if all artificial elements except fillings were removed:

4. CONCLUSIONS

BLASCHKE had furnished a rather hasty and incomplete description of Hitler's teeth to interrogators at a previous place of internment.

The Description on which the present report is based is the only one he made with the aid of the X-ray photos mentioned in par 3.a. It can, therefore, be considered authentic and accurate.

5. COMMENTS AND RECOMMENDATIONS

No further interrogation of BLASCHKE is planned at this Center.

Another report on Hitler, containing mainly descriptions of his mental make-up drawn from sources in intimate contact with him at one time or another, is in preparation.

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The recipients of this report are requested to submit special briefs on any subject upon which this detainee should be interrogated and to indicate the desired distribution of the resultant report.

WEG, FM:WSM/ccj

For the Commanding Officer:

Malcolm S. Hilty

MALCOLM S. HILTY
Capt, MC
Chief, OI Section

5 Feb 46

DISTRIBUTION: "D"

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ANNEX ITREATMENTS OF HITLER

Source: BLASCHKE, Dr Hugo Johannes Position: Brig Gen in Waffen SS, Hitler's dentist

(NOTE: The following is a translation of notes written for this report by BLASCHKE, giving Hitler's abridged case history as a dental patient in the years 1934 to 1945.)

"In the beginning of the year 1934 I was, at the instance of the then (Prussian) Prime Minister GOERING, called to the Reich Chancellery. I was told that Adolf Hitler had a toothache. Upon examination I found a swelling of the gingiva of the left lower jaw, extending from the left central incisor to the left cuspid. The lower left lateral incisor had at its distal end a cavity which extended as far as the pulp cavity. The pulp was dead and the tooth sensitive to pressure. All lower incisors, especially the ones on the left, were very loose.

"The pains could be caused either by an abscess in the area of the root-tips or by an abscess in the gingival pocket of the lower left lateral incisor.

"After opening of the root canal and removal of an abundance of tartar the pains soon decreased in intensity and disappeared completely over night.

"The X-ray photos showed the following: a lentil-sized light spot around the tip of the root of the lower left lateral incisor. Strong atrophy of the alveoli, most pronounced around the lower right central incisor and the lower left central and lateral incisors...

"During the following days--besides the treatment of the root of the lower left lateral incisor--tartar was thoroughly. The gingivitis healed and the teeth became steadier and again fit for use. The treatment of the root took a normal course. The tooth was filled with iodoform-paste (alkhoff) and temporarily closed...

"In the upper jaw much more extensive work was necessary. There existed on either side bridges which were connected by an arch behind the left incisors. Three fourths of the upper left lateral incisor was broken off. The arch connecting the two bridges caused annoyance because food particles got caught in it easily. The gingiva had receded considerably from the edges of the existing gold crowns, so that the necks of the teeth were exposed. Caries had started at some of these points.

"The old bridges had to be removed and replaced. As the upper right central incisor was already absent and replaced by part of the bridge and as, in addition, the lateral incisor was 3/4 broken off, the gaps would have impeded speech. Hitler refused a temporary replacement through a removable dental plate for the period of manufacture (of the new replacements). It was then possible to remove both bridges in their entirety. They were taken out at each sitting and temporarily fastened again afterward. The root of the upper left lateral incisor, which had to be completely removed for the fitting-on of the new crown, received a temporary pivot-tooth.

Color of Teeth

(NOTE: The color symbols used are those of the S.S. WHITE color ring for dentists.)

All natural teeth and replacements had the color "21".

NOTES: 1. BLASCHKE considers it possible that the upper right 1st molar was lost in early youth, causing the 2nd and 3rd molars to move forward and close the gap. In that case there would be present (starting from 1st bicuspid) 1st and 2nd bicuspid, 2nd and 3rd molars.

2. The same possibility exists for the lower left jaw.

The picture showed a surprise formation of a deep pocket around the whole root, almost as far as the tip of the root. There must, consequently, have been an inflammation of this tooth in existence for the last months. It either did not cause any pain, or the pain--wrongly diagnosed as neuralgic--was killed through obtundents. Despite thorough questioning I could not get a clear picture of the history of these pains from Hitler. He disliked intensely talking about his health.

"I wanted earliest possible extraction of the tooth... We had to postpone this, however, because Hitler's general condition did not permit an operation of this kind...

"At the end of October (1944) I obtained, after repeated reminders, permission to perform the extraction.

"The old bridge on the left upper jaw was then cut in front of the gold crown on the 2nd bicuspid... The tooth, together with the cut-off part of the bridge, came out very easily...

"On the occasion of this treatment I insisted that the treatment of the root of the upper left central incisor be at last brought to an end, so that unnecessary complications could be avoided... I was promised that I would be called within the next few weeks. I actually did receive the order, on 15 December 1944, to report at the headquarters, where I arrived on 16 December. The headquarters was then in the West, in the vicinity of GIESSEN. Since the offensive in the West had started that morning I did not treat him...

"From the middle of January 1945 Hitler was constantly in the Berlin Reich Chancellery. Again and again he postponed the treatment of the upper left incisor. He came once to the dental station for a short while in mid-February for a superficial examination. Besides the removal of tartar on the lower incisors no treatment was performed on that occasion."

(BLASCHKE's statement on files containing cards and X-ray photos of his patients at the Reich Chancellery follows.)

"The patients' file cards as well as the X-ray pictures of their teeth were, since the middle of January 1945, constantly kept at the dental station in the Voss-Strasse shelter of the Reich Chancellery.

"On the night of 20/21 January 1945, I was ordered to be ready for movement, with a minimum of baggage, within an hour. I was helped in packing the little portable dental station which I wanted to take with me by my dental helper, Mrs Kaethe HEUSERMANN, and my assistant, Dr ROHKAMM. It is possible and even likely that the files were put in the same box as the dental station. My baggage was then supposed to be sent from the Tempelhof airfield to SALZBURG in a transport plane carrying baggage exclusively. This plane never arrived at SALZBURG, and from the Obersalzberg it could never be ascertained what had become of it."

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ANNEX IIMARTIN BORMANN'S TEETH

Source: BLASCHKE, Dr Hugo Johannes Position: Brig Gen in Waffen SS, Hitler's dentist

BLASCHKE states that he treated Martin BORMANN regularly from 1937 to 1945, for the last time in March 1945. During that period BORMANN was not treated by any other dentist. Source states that despite the non-availability of X-ray pictures (see last two paragraphs of Annex I) he remembers BORMANN's dentition in detail.

Description of Martin BORMANN's TeethUpper Jaw, seen frontally

The upper right central incisor was missing. It had been lost about 1942. Since the gap had to be closed immediately, temporary window-crowns were made for the upper left central incisor and the upper right lateral incisor. The missing tooth was replaced by a porcelain facet on a golden back part.

Since all upper incisors were more or less loosened by parodontosis, a bridge-support was planned extending from cuspid to cuspid. As, however, the loosening of the incisors progressed slowly, the temporary arrangement proved satisfactory and the bridge was never made.

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ANNEX III

EVA BRAUN'S TEETH

Source: BLASCHKE, Dr Hugo Johannes Position: Brig Gen in Waffen SS, Hitler's dentist

BLASCHKE states that he treated Eva BRAUN at irregular intervals from 1935 to 1945--for the last time at the BERLIN Reich Chancellery in March 1945. Treatments were performed during her stays at the Chancellery and at the Berghof on Obersalzberg. When in MUNICH during Hitler's stays at his field headquarters or during his travels, she was treated by a local dentist whose name BLASCHKE is unable to recall.

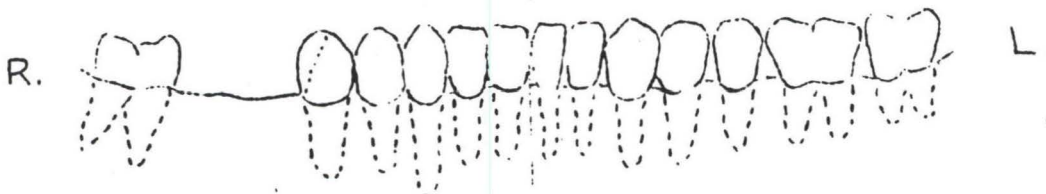
Source states that, because of the irregularity of his treatments, he is not absolutely certain about all the details of Eva BRAUN's dentition and he regards that the X-ray pictures taken of it (see last two paragraphs of Annex I) are not available.

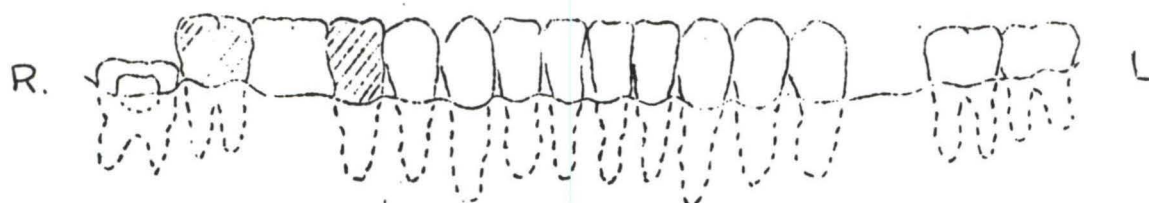
Drawings of Eva BRAUN's Teeth

Upper Jaw, seen frontally



Lower Jaw, seen frontally



Lower Jaw, seen frontally

The lower right 3rd molar has not broken through all the way, and therefore occupies a lower position than the 2nd molar. It has an iodoform filling in the pulp cavity. A large cavity on its masticating and labial surfaces is filled with cement.

Color of Teeth

(NOTE: The color symbols used are those of the S.S. WHITE color ring for dentist.).

Upper right central incisor: "6"
 Upper right lateral incisor: "6"
 Upper right cuspid : "G"
 Upper right 1st bicuspid : "G"
 Upper right 2nd bicuspid : "G"
 Upper right 1st molar : "G"
 Upper right 2nd molar : "G"
 Upper left central incisor : "6"
 Upper left lateral incisor : "6"
 Upper left cuspid : "G" and "K"
 Upper left 1st bicuspid : "17" or "18"
 Upper left 2nd bicuspid : "G" (?)
 Upper left 2nd molar : "G"
 Upper left 3rd molar : ?
 Lower right central incisor: "6"
 Lower right lateral incisor: "6"

C O N F I D E N T I A L

OI - FIR/31

Lower right cuspid : "G"
Lower right 1st bicuspid : "G"
Lower right 3rd molar : "17"
Lower left central incisor : "6"
Lower left lateral incisor : "6"
Lower left cuspid : "G"
Lower left 1st bicuspid : "G"
Lower left 2nd bicuspid : "G"
Lower left 2nd molar : "G"
Lower left 3rd molar : ?

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ANNEX IV

CHRONOLOGICAL ACCOUNT OF SOURCE'S CAREER

Source: BL.SCHMIDT, Dr Hugo Johannes Position: Brig Gen in Waffen SS, Hitler's dentist

Chronological History

14 Nov 31 : Born at NEUSTADT/ Prussia
1885 : Moved to BERLIN
1897 : Finished Public School
1908-1911 : Studied dentistry at University of Pennsylvania, Member of Psi Omega Zeta
1911 : Received degree of DDS
1911 : Took 6 weeks' course at Royal Dental Hospital, LONDON, England
Fall of 1911: Opened own office in BERLIN
1914-1918 : Served as Dental Officer with German Army, first at dental station of Military Hospital FRANKFURT/Order, later dental station of III Corps in BERLIN
1919-1941 : Own office in BERLIN
1930 : Began treating Capt, later Reichsmarschall, GOERING
1931 : Joined NSDAP and SA, later NSKK
1934 : Called in to treat Hitler
1935 : Married Maria KLEIN-DIERCK
1935 : Joined SS. Appointed to rank of Sturmbahmfuehrer (Major). Put in charge of instituting dental care for whole SS. Chief of Dental Section in SS Surgeon General's Office
1941 : Transferred to Waffen-SS. Attained position of Brigadefuehrer and rank of Brig Gen of Waffen-SS
20/21 Apr 45: Left BERLIN for BERCHTESGADEN on orders from Hitler
28 May 45 : Arrested at SALZBURG

CI/CIR/4, 29 Nov 45
DECLASSIFIED UNDER PROVISIONS
OF DACIR 380-3

by Richard S. Smith
Col, GS
Chief, SMI Br/ACSI/DA
on 22 Sept 1959

*Germany
Hitler*

Studies in Pathography

II. Adolph Hitler

by

Morris Leikind

NAZI WAR CRIMES DISCLOSURE ACT
2000

CIA SPECIAL COLLECTIONS
RELEASE IN FULL
2000

Summary:

Adolph Hitler was born in Branau, Austria on April 20, 1889. He died, a suicide on April 30, 1945 at the age of 56. He began his career as a vagrant and a house painter, he ended it as the defeated leader of an empire that embraced most of Europe, a large part of Africa and, had he been victorious, would have included most of the world.

To attempt to explain his extraordinary career from a study of his medical history is extremely difficult. For the purposes of this report one must begin by dividing Hitler's medical history into two segments, (a) psychiatric aspects, and (b) somatic or physical aspects. Because of the vast number of writings which have already appeared about Hitler's mental states and also because of the controversial and speculative nature of the available data, very little has been said here about Hitler's psyche. The available data is attached hereto as Appendix 1.

His clinical history may be briefly summarized:

(1) In his youth Hitler was believed to have suffered from weak lungs. The nature of this ailment (whether pneumonia, pleurisy, tuberculosis, etc.) is not known with certainty.

(2) Many writers have stated that Hitler suffered from syphilis, but no clinically valid evidence has ever been produced.

(3) He suffered from gas injuries in World War I but he seems to have recovered without residual effects.

(4) It has been alleged that during his adolescent years he had epidemic encephalitis following influenza which in later years manifested itself as Parkinson's diseases. Again, there is no clinical substantiation of this hypothesis.

(5) He had some voice problems which were relieved by removal of benign polyps from his vocal cords.

(6) From 1936 to 1945, Hitler had as his personal physician, Dr. Theodor Morrell, described by his medical colleagues as a charlatan and a quack. He kept Hitler under the influence of a large number of drugs including vitamins, hormones, sulphonamides, belladonna, strychnine, etc. It was believed by those doctors close to Hitler who could observe him without participating in the treatments that this indiscriminate shotgun therapy caused the ultimate physical deterioration and final collapse of Hitler.

(7) Hitler committed suicide on April 30, 1945. It is generally believed that he shot himself. Recent information published from Russia alleges that he died from cyanide poisoning rather than from a gunshot wound.

ADOLPH HITLER

The man who gave immortality to Winston Churchill was Adolph Hitler, an Austrian by birth who at the age of 43 became Chancellor and Führer of Nazi Germany. Hitler was more than a man - he was a phenomenon. He blazed across the sky like a meteor and like a falling star fizzled into oblivion.

Adolph Hitler was born on April 20, 1889 in the town of Braunau on the River Inn which forms the border between Austria and Bavaria. The Austro-Hungarian Empire was still ruled by Emperor Franz Joseph. Hitler came of peasant stock (traceable to the 17th century) in a remote country district. His father was a minor official in the Customs service of Austria. He married twice but neither marriage lasted. He divorced his first wife, his second spouse died of tuberculosis. Six months after her death he married for the third time - now a second cousin twenty-three years younger. Adolph was the third child of this marriage. A brother and sister born earlier died in infancy, a younger brother died at six, only his sister Paula born in 1896 reached adulthood.

The father retired at 58 and settled finally on the outskirts of Linz where Adolph Hitler grew up. In "Mein Kampf" Hitler portrays himself as a child of privation and poverty. On the contrary, it is known that his father had an adequate pension and was able, within his means, to provide his son with a good elementary education. Alois Hitler, Adolph's father died in 1903 but his

widow still had his pension and thus she was still able to keep her son in school. He left the Realschule in Linz in 1904, not for financial reasons but because his school record was poor. He was transferred to another school which he finally completed at age 16. Hitler claimed later that his poor performance at school stemmed from the fact that he wanted to be an artist, a career his father opposed. While there is no doubt that father and son did not get on well, it is highly probable that the elder Hitler was in fact dissatisfied with Adolph's school performance in general and he let his son know this in unmistakable terms. One of Adolph's teachers at this school later described young Hitler in these terms:

"I can recall the gaunt, pale-faced youth pretty well. He had definite talent, though in a narrow field. But he lacked self-discipline, being notoriously cantankerous, willful, arrogant, and bad-tempered. He had obvious difficulty in fitting in at school. Moreover, he was lazy...his enthusiasm for hard work evaporated all too quickly...he reacted with ill-concealed hostility to advice or reproof; at the same time he demanded of his fellow pupils their unqualified subservience fancying himself in the role of leader..."

As indicated, Adolph was in frequent conflict with his father about his studies and the choice of a career. The elder Hitler apparently insisted on uniform excellence in scholastic performance, especially since he wanted his son to become a civil

servant like himself. This type of career repelled Adolph and the struggle between father and son reached a climax when young Hitler announced that he had decided to become an artist, i.e., a painter. Alois, the father became increasingly bitter and resentful at his son's intransigence; Adolph emerged as solitary, uncooperative, sullen and stubborn, doing only what he had to at home and just passing or more often failing at school. The mediocrity of his school record barred his way to higher education and filled him with confusion and resentment about his family, himself and his future.

It has recently been suggested by a German physician - Recktenwald (AH11a) that during this stage of his adolescence, Hitler may have had an attack of epidemic encephalitis, a disease often contracted in childhood or youth subsequent to a severe cold or influenza. The virus, even if the infection is silent or asymptomatic can produce middle brain damage which may manifest itself as Parkinsonism in later life. Since, in the period immediately before Hitler took his own life during the climatic days of the Battle of Berlin, he displayed a pronounced tremor, this may have given rise to the suggestion that he suffered from post-encephalitic Parkinsonism. The fact that epidemic encephalitis may produce dramatic changes in character and personality soon after the disease is contracted, could provide a possible explanation for Hitler's failure in school and his subsequent personality troubles.

Nevertheless, simplistic and attractive as this hypothesis may be, it is in the highest degree speculative. The diagnosis is not based on any clinical examination of Hitler. Furthermore, Hitler's own physicians who were close to him for a number of years up until the end, had advanced several other possibilities for the deterioration of his health and his physical symptoms. These included physical exhaustion, lack of exercise, extreme and prolonged stress and finally the large quantities of drugs administered by Morrell.

None of the tentative diagnoses offered by many writers of whom Recktenwald appears to be the most recent can either be convincingly sustained or summarily dismissed. Even Hitler's unproven syphilis can, in its later stages produce a Parkinson-like tremor. It is true that of all the provisional diagnoses about Hitler's childhood illnesses, epidemic encephalitis appears to have a possible relationship to Hitler's later pathognomonic states. However, we must be content to regard this only as an unconfirmed and even unconfirmable hypothesis. The only satisfactory way in which these questions could have been resolved would be on the basis of evidence from a thorough clinical examination supplemented by a most careful autopsy. No evidence exists that such examinations were ever carried out.

Another medical episode in Hitler's early life must be mentioned. This happened in 1905 about two years after the death of his father. Hitler returned home to Linz at the close of the

school semester where he had continued to make a poor record. The family usually went to Spital in the country for the summer and while there Adolph developed a lung disease. Hitler states in "Mein Kampf" that he had a pulmonary infection at this time. Although the disease is not named, the ailment is consistent with a family history of lung involvement over several generations. During the vacation at Spital, Hitler's mother brought him every morning a large cup of warm milk. This suggests that the traditional treatment for pulmonary disease of nourishing food, rest and country air were being applied. It is not clear whether Hitler's lung condition at Spital arose "de Novo" that summer or whether it was a recurrence of an earlier infection which had become quiescent. In any case the condition may have lingered on. Shortly before the outbreak of World War I, Hitler had gone to Munich and it was suspected that he may have left Austria among other reasons, to evade military service. However, after some finagling he was examined by Austrian army physicians and declared unfit for service.

After leaving school in 1905, Hitler spent two years with his mother in Linz and then went to Vienna to try to enter the Academy of Fine Arts as a student. He failed and was advised to try for the school of architecture but he refused. After a second rejection by the Academy of Fine Arts, Hitler drifted into obscurity in Vienna for about five years. He worked as a laborer, a sign painter and as a general handy man. Testimony of those

who knew him during this period indicates that he was lazy and moody, disliking regular work. He neither smoked nor drank and was too shy and awkward to have much success with women. Whenever he made a little money from painting picture postcards, he quit work and went to a cafe to read newspapers and talk politics, a consuming passion with him. He also went to the public library where he read extensively but indiscriminately and unsystematically. It was at this time that Hitler began to crystallize within himself the anti-semitic ideas, then endemic in Vienna, which provided the basis for, and gave direction to, his career from then on.

We come now to the beginning of Hitler's active political career.

The defeat of Germany came as a profound shock to the German people and its Army. Despite the fact that the war on the Eastern front had come to a successful conclusion for Germany, the catastrophic events on the Western front were kept from the German nation. Thus the fact that the Army, still intact had been brought to its knees was a stunning blow. When the Kaiser fled to Holland and the military refused to assume responsibility for the debacle, the legend of the "stab in the back" was born.

During the ensuing period of chaos until a semblance of order was restored with the creation of the German Republic, Adolph Hitler was still in the hospital recovering from his gas

injuries. It was during the chaotic and turbulent period following the imposition of the Peace of Versailles that Hitler took the decisive step to enter politics. He left the hospital - one of the millions of demobilized jobless men who faced an unknown future, and returned to Munich. Here the Army again provided an opportunity. He got a job in the Press and News Bureau of the Political Department of the Army's Munich Command. After a course of political instruction, he was appointed as an instructor. His task was that of preventing the contagion of the men by alien ideas such as socialism, pacificism and democracy.

In September of 1919, Hitler was directed by the Army to look into the affairs of a small group in Munich which might be of interest to the military. This was the German Worker's Party organized in 1918 by a locksmith, Anton Drexler. Drexler's objective was the creation of a party which would be both working class and nationalistic in outlook. There were only a few members present when Hitler attended his first meeting in a Munich beer-hall. Here he was his opportunity and he began his active political career. As he gradually assumed control, the party grew in numbers. In 1920 Hitler left the Army to devote himself full time to the affairs of the Party. The name of the Party was now changed to "National Socialist Germany Party" and soon it began to attract various splinter groups from Austria and the Sudetenland. It adopted anti-semitic ideas from its Austrian satellites and began to use the Hakenkreuz - the swastika - as its symbol.

Larger events now intervened. In 1929 a world-wide economic depression came to the aid of the fledgling Nazi Party which had been reconstituted at Munich. In the German elections of 1930 the Reichstag representation of the Nazi's rose from 12 to 107 seats. In 1932 Hitler ran for President of the Reich but although his party strength was increasing he failed to unseat the incumbent Hindenburg. On January 30, Hitler was appointed Reich Chancellor by the aging and senile Hindenburg and the Nazi's were now close to the seat of power. A few weeks later on February 27, a fire wrecked the Reichstag building, a conflagration Hitler was swift to blame on the Communists. The following day Hindenburg signed an emergency decree, "For the Protection of the People and the State" suspending those sections of the Constitution guaranteeing individual and civil liberties. When the Reichstag on March 24 passed the so-called "Enabling Act" legalizing the emergency powers, Hitler and his Nazi's were given full control of the State. All political parties except the NSDAP were outlawed. In 1934 Hitler purged a number of his opponents - dissidents were either shot or sent to concentration camps. Later that year following the death of Hindenburg, Hitler abolished the office of President and he took the title of Fuehrer and Reich Chancellor. The Armed Forces then took a personal loyalty oath to the Supreme Commander. In 1935, Hitler announced a build-up of the Armed Forces and reintroduced military conscription - both in violation of the Versailles Treaty.

The anti-Jewish Nuremburg laws were passed in September and early in the following year. Hitler repudiated the Treaty of Locarno and sent German troops into the Rhineland.

The pace of events now increased. In 1938 Hitler took direct command of the Wehrmacht and Austria was annexed to the Third Reich. Then came the Sudetenland crisis which led to the Munich Agreement and the German occupation of Czechoslovakia in 1939. Shortly after Hitler signed a non-aggression pact with Russia, Poland was invaded and World War II began. The years 1940/41 were the apex of Hitler's conquests. In what came to be known as the Blitzkrieg, Hitler's armies took over Belgium, the Netherlands and Luxembourg followed by France and the Scandinavian countries. The British were driven from the continent. Yugoslavia and Greece were occupied in 1941 and then in June of that year Hitler launched his assault on Russia which carried him almost to the gates of Moscow. During this time Hitler also began his systematic extermination of European Jewry. On December 7, the Japanese attacked Pearl Harbor and Hitler promptly declared war on the United States. The war was now truly global in scope. However, in 1942 it began to become evident that Hitler had now over-extended himself and tide began to turn against him. 1943 saw the defeat at Stalingrad, the invasion of Sicily and Italy by the allied forces which earlier had already destroyed the Nazi threat in North Africa. The collapse of Mussolini's regime in Italy added further to Hitler's woes.

In 1944 came the Normandy invasion and Hitler was now caught between the Russian anvil and Anglo-American hammer. By 1945 Hitler's empire was breathing its last and on April 30, Hitler, committed suicide in his bunker beneath the ruins of his Chancellory in Berlin. The Thousand Year Reich had come to a crashing and flaming end.

A medical history of Adolph Hitler is extremely difficult to compile. One is confronted simultaneously with a plethora of material on Hitler's mental state which undoubtedly governed his life and a paucity of clinical data on his bodily ailments. However, because so much has been written about Hitler's megalomania, and also because many authorities disagree both in their findings and interpretations, no attempt is made here to summarize or evaluate this material. As a matter of fact such a summary together with documentation does already exist and a copy is attached as Appendix I.

However, without going into detail, it may be said, with hindsight, that by ordinary psychiatric standards Hitler would be diagnosed as insane. The outstanding characteristic of Hitler which dominated all others was that he was a man of most violent passions. Even as a child he had to have his way and as he matured, the temper tantrums, which most normal children outgrow, became in the man ever more virulent. His frenzies, his bitterness and hates, his rages and crying jags were legendary, and one of the major causes of his phenomenal rise to power was

his ability to intimidate and even paralyze his opponents, shouting, screaming and even chewing the carpet as he rolled on the floor. He often threatened to commit suicide if he could not get his way.

Hitler emerged on the world stage, as already indicated shortly after World War I. By 1924 he had become head of the political party which within a few years became the dominant force in Germany and almost achieved domination of the World. How he achieved his power and used it is, again, so well documented that it needs no repetition here.

There are however, aspects of Hitler's life which may still be described as shadowy. These concern his private life, especially those of a medical nature. Thus he has been described as impotent, incapable of normal sexual intercourse, a victim of phimosis and a practitioner of sexual perversions. It is even today not possible to document these allegations with certainty. It has been mentioned also that Hitler was afflicted with syphilis. Again, it is impossible to confirm this with clinical evidence. It is a fact however, that Hitler did have a deep-seated aversion, an obsessive horror of this disease since he devotes an extensive passage to this affliction - he calls it a Jewish disease - in Mein Kampf (pp 336-352). He considers this disease to be one of the consequences of the failure to maintain the racial purity of the Aryans - a condition he regards as the God-given duty of his Party to correct.

What is known with certainty is that Hitler was abstemious in his habits. He neither smoked nor drank and he was a vegetarian. Indeed, he believed that meat-eating was harmful to humanity. One might speculate that had Hitler won World War II, he might have imposed vegetarianism on those whom his armies had conquered.

One of the most reliable and authoritative sources on Hitler's health, especially in his later years is the book "The Last Days of Hitler", by H.R. Trevor-Roper. (3rd ed. 1962) Trevor-Roper, now Professor of History at Oxford was given the task by the British Intelligence Services of determining as far as possible what actually happened to Hitler and Hitler's body during the last days of the crumbling Third Reich. Much of what follows is drawn from this book.

In mid-1944, it was plainly evident that Hitler's Third Reich which he had promised his people and the world would last a thousand years ^{was} disintegrating under the hammer blows of the Allied armies in the West and the Russian forces in the East. Germany was trapped in a gigantic vise from which there was no escape. On July 20, 1944, a group of Hitler's generals made one final effort to assassinate Hitler and bring his lost war to a halt. The attempt failed.

The General's Plot
July 20, 1944

It is now known that Hitler's regime was not the monolithic totalitarianism which most of the world saw and believed. It was

in fact a Hollywoodian facade which as the tragic drama reached its climactic end, crumbled into dust. From 1939, at least seven attempts were made to assassinate Hitler and thus bring his regime to an end.

On several earlier occasions, explosive charges had been conveyed to Hitler's headquarters but returned unused for some technical reason. Finally Count von Stauffenberg, on July 20, 1944 carried a bomb concealed in a briefcase to a conference called by Hitler in his Eastern front headquarters at Rastenberg. The Count placed the briefcase under the table against the table-leg adjacent to Hitler. He made an excuse to leave the room seconds before the bomb went off. Stauffenberg was already in his plane flying to Berlin to announce to his co-conspirators and the world that Hitler was dead but the announcement as they soon discovered was premature. It is not clear just what happened - whether Hitler moved around the table or whether the table itself gave some protection from the full force of the blast - but Hitler survived. His ear-drums were shattered, his right arm was bruised and his uniform was in shreds. Again, as Der Fuhrer was to repeat so often, Providence had intervened to preserve him for the completion of his mission. The conspirators were soon rounded up and most were executed, several being hung with piano wire. One of the results of this plot was a further withdrawal of Hitler from publicity. He made no public speeches, no public appearances and it was even rumored that he was either

dead or the prisoner of Himmler. The facts are that Hitler was very much alive. A personal diary kept by his valet Heinz Linge has survived. From this we learn that until November 20, 1944 Hitler was in residence at "Wolfschanze" the Wolf's Lair in Rastenberg where the abortive attempt on his life was made; until December 10 in Berlin; from December 11 to January 15, at Bad Nauheim whence he directed the futile Ardennes offensive (the Battle of the Bulge) and finally from January 16 to the end in Berlin at the Chancellery which Hitler never left alive.

From this diary we learn that Hitler usually awoke about noon and then carried on a continual series of conferences with generals, politicians, secretaries, his doctors and others. His meals were snatched at irregular intervals, an occasional stroll in the open and then a short evening nap. Then conferences till 2 a.m. and finally a non-political tea party followed some two hours later by bed.

As Trevor-Roper has written: "When he became the great war-lord, the greatest strategical genius of all time, (as Speer described him), Hitler's company changed, his hours of work became monotonously regular, the pressure of events gave him no release, he had no relaxation, no safety valves, for the harmless discharge of pent-up dynamism. Defeat intensified the process. If the German people must cut down their pleasures, he must sympathetically cut down his; and his were not only pleasures but the necessary conditions of his political life. More and more

the once sociable Fuehrer became an isolated hermit, with all the psychological repressions inherent in that dismal condition. He was isolated from persons, isolated from events. Convinced that only he could lead the German people out of defeat to victory, and that his life was therefore of cardinal importance and yet convinced that every man's hand was against him, and assassination awaited him around every corner; by a logical consequence, he seldom left the protection of his underground headquarters or the banal society of his quack doctor, his secretaries, and the few spiritless generals who still paudered to his inspiration. He seldom visited the front, never knew the true extent of the disasters to his armies, his towns, his industries: never in the entire war did he visit a bombed city. He remained a frustrated recluse, restless and miserable.

They style of life reflected itself inevitably in Hitler's physical condition. Dr. von Hasselbach, one of the most critical and reliable of Hitler's doctors said: "Up till 1940 Hitler appeared to be much younger than he actually was. From that date he aged rapidly. From 1940 to 1943 he looked his age. After 1943 he appeared to have grown old." "In his last days," said Speer (Economics minister) "he was positively senile; and those were not yet the last days of all, the last days of April 1945, when all who saw him described him as a physical wreck. This rapid deterioration in Hitler's health has often been attributed to the effects of the bomb explosion of the 20th of July 1944;

but this is wrong. The wounds which Hitler received on that occasion were trivial and temporary. The real damage to his health in the last months proceeded from two causes: his manner of life which has been described, and his doctors. "What Hitler's psychological condition may have been - and on such a subject and in so unique a character, it would be imprudent to speculate - there can be no doubt that his physical stamina was exceptionally strong. It could not have been otherwise, to have endured for so long the tenancy of that violent personality. (AH 14, p 120-121) It seems that before the war, Hitler became concerned about his voice and sent for a throat specialist, Professor Von Eicken of Berlin. A polyp was diagnosed and surgically removed. Hitler made an uneventful recovery from this operation. Apart from an occasional tingling in his ears and tendency to stomach cramps he continued in good health until 1943. He believed that he had a weak heart and after 1938 he avoided all forms of exercise. As part of his hideaway at Berchtesgaden, Hitler had built, on a mountain top above his lodge a gazebo with a fabulous view over the Bavarian Alps. This was reached via an elevator shaft bored through the mountain. But Hitler used it only rarely. At 5400 feet he complained of a constriction in his chest due to his weak heart. However, despite numerous examinations no clinical evidence of a cardiac condition was ever found by his doctors. Like his epigastric pains and cramps, his heart symptoms were considered to be of hysterical origin.

Hitler's Doctors

During most of his career, Hitler was attended by three doctors Karl Brandt, Hans Karl Von Hasselbach and Theodor Morrell, the latter being closest to him as his personal physician. Brandt, a surgeon had been with Hitler since 1934. However, since his surgical skills were never required by Hitler, Brandt achieved notoriety in another direction.

He directed and participated in the infamous medical experiments at the concentration camps and for these crimes against humanity he was tried by the Nuremberg Courts, condemned to death and executed in 1947.

Of Professor Theodor Morrell, Hitler's personal physician for nine years, it is difficult, in the words of Trevor-Roper (AH 14, p 122) "to speak in the measured terms and discreet vocabulary proper to his profession. He was a quack. Those who saw him, after his internment by the American forces, a gross but deflated old man, of cringing manners, inarticulate speech and the hygienic habits of a pig, could not conceive how a man so utterly devoid of self-respect could ever have been selected as a personal physician by anyone who had everⁿ a limited possibility of choice. But Hitler not only chose him; he kept him for nine years, in constant attendance, preferring him above all other doctors, and, in the end, surrendering his person, against unanimous advice, to the disastrous experiments of a charlatan. From 1936 to 1945, Morrell, in his own words, was Hitler's

"constant companion;" and yet the health of his patient was to him only a secondary consideration.

According to all the evidence, Morrell was money mad, completely indifferent to either truth or science. Research was too slow for him - quick drugs and fancy nostrums were his metier. He claimed to be the discoverer of penicillin which was stolen from him after years of dedicated research by the ubiquitous British Secret Service. The truth of the matter was that Morrell had no real need to build himself up as a scientist - Hitler exploited his weaknesses - not his skills. Hitler in fact liked quacks. He liked magic, astrology and somnambulism. Among the tenets of the Nazi party line may be found anti-vivisectionism - anti-vaccination ideas - vegetarianism, etc.

Hitler would have felt at home among the bizarre medical cults which flourished in California and other parts of this country.

Morrell before meeting Hitler had practiced as a specialist in venereal disease among the artistic demi-monde of Berlin. It was there that he met Hoffmann who was a member of Hitler's entourage as his official photographer. It was Hoffmann who brought Morrell to Hitler's notice at Berchtesgaden and the doctor's fortune was ^{now} ~~not~~ made. Under Hitler's patronage he built factories and manufactured patent medicines. In some cases he was able to secure compulsory purchase of his nostrums throughout Germany - in others he was granted a monopoly on his own brands.

One of his most financially successful concoctions was a chocolate vitamin preparation. Under an order from Hitler, Morrell's "Russia" lice powder became a standard item for use by the armed forces. Construction of factories for the manufacture of this product had the very highest priority.

Another of Morrell's preparations was a sulfa drug called "Ultraseptyl" manufactured by one of his companies in Budapest. It was tested by the Department of Pharmacology of the University of Leipzig and found to be inferior to the corresponding German product. It was found, among other things to have a deleterious effect on the nerves. This report was shown to Hitler who brushed it aside. Indeed, he gave Morrell the priorities to enable him to increase his production. As Trevor-Roper (AH14 p 124) tells it:

"These drugs were not so lucratively dispersed among the German people without preliminary trial. The experiments were made on Hitler. An almost complete list of the drugs used by Morrell upon Hitler, compiled from his own account (which is unlikely to exaggerate on such a topic) and excluding the morphine and hypnotics which were also used, contains the names of twenty-eight different mixtures of drugs, including the proprietary "Ultraseptyl" condemned by the pharmacologists, various fake medicines, narcotics, stimulants and aphrodisiacs. The way in which Morrell made use of these drugs is thus described by Dr. Brandt:

"Morrell took more and more to treatment by injections, until in the end he was doing all his work by this method. For instance, he would give large doses of sulphonamides for slight colds, and gave them to everyone at Hitler's headquarters. Morrell and I had many disputes about this. Morrell then took to giving injections that had dextrose, hormones vitamines, etc., so that the patient immediately felt better; and this type of treatment seemed to impress Hitler. Whenever he had a cold coming on, he would have three to six injections daily and thus prevent any real development of the infection. Therapeutically this was satisfactory. Then Morrell used it as a prophylactic. If Hitler had to deliver a speech on a cold or rainy day, he would have injections the day before, the day of the speech, and the day after. The normal resistance of the body was thus gradually replaced by an artificial medium. When the war began Hitler thought himself indispensable, and throughout the war he received almost continual injections. During the last two years he was injected daily. When I asked Morrell to name the drugs employed, he refused. Hitler came to depend more and more on these injections; his dependence became very obvious during the last year. With the exception of General Jodl, all the members of Hitler's staff were treated from time to time by Morrell." (AH14: p 124-125)

Although it must be admitted that Brandt had good reason to hate Morrell and therefore his opinions of Hitler's doctor may therefore be suspect, there is sufficient corroborative evidence

to indicate their accuracy. Every other doctor in a position to know, as well as many lay observers close to Hitler's court support the facts as stated by Brandt. Thus Speer, Hitler's economics minister said: "I believe that anyone who does a great deal of intellectual work can understand this condition of mental over-exertion; but there can hardly be another person who has endured such an ever-increasing strain over so many years, and who has further found himself a physician who tried out completely new drugs on him, in order to keep him capable of work, and at the same time, to carry out a unique medical experiment. It would be interesting to analyse Hitler's handwriting during the last months; it had the uncertainty of an old man. By his stubborn ways, his sustained outbursts of anger, he often reminded me of a senile man. This condition became permanent after 1944, and was seldom interrupted.... For purely physical reasons...most other men would have broken down under the strain of such a life, and after an enforced relaxation would have regained the capacity for work; or else nature would have come to the rescue with an illness. But Hitler's physician, Morrell, managed to cover up his exhaustion by means of artificial stimulants, a method, which, as is well known, ends by completely ruining the patient. Hitler became accustomed to these means of keeping up his endurance, and kept on demanding them. He admired Morrell and his methods, and was in some sense dependent on him and his remedies."

(AH14: p 125)

Only a powerful constitution could have preserved Hitler from an earlier collapse under the combined pressure of his way of life and the medical treatments he allowed himself to be subjected to. The first symptoms of physical change began to manifest themselves in 1943. Hitler's extremities began to tremble, especially his left arm and left leg; his left foot dragged and he developed a stoop. The nature of this tremor has never been satisfactorily explained. The possibility of Parkinson's disease has already been mentioned. Other medical authorities have suggested a hysterical origin. There is a general consensus however, that the tremors were not a consequence of the July 20, 1944 explosion, the tremor which had been progressively worsening, stopped altogether but then it resumed in a more severe form and continued to worsen until the end.

As Trevor-Roper points out, while the events of the 20th of July represent a military, political and psychological crisis, these had little physical significance in the life of Hitler. The doctors summoned to examine Hitler right after the explosion found that Hitler's tympanic membranes in both ears were broken (indeed such injuries were found in all the officers present in the room when the bomb went off). The labyrinths of his ears were disturbed and there was a subcutaneous hemorrhage in his right arm. Hitler was ordered to bed and in about four weeks he had completely recovered from the immediate effects of the explosion.

However, the cumulative effects of Hitler's overly stressful life plus Morrell's medication were not so easily cured. Hitler returned to an underground bunker in the damp unhealthy climate of East Prussia. He never left this bunker - he shunned the air, feared exercise, suspected danger everywhere. One of his doctors (Professor Von Eicken) begged Hitler to leave the dank dugout for the bracing air of Berchtesgaden even for a week - Hitler refused. Others including Keitel urged Der Fuehrer to leave but he kept saying "If I leave East Prussia then East Prussia will fall. As long as I am here it will be held." Thus he hung on, a sick man, taking to his bed from time to time but dragging himself up for his daily staff conference.

In September and October (1944) Hitler was treated for an infection of the maxillary sinus and swollen glands in the neck. Another polyp was removed from his vocal cords. At the same time Hitler had continuous pain from stomach cramps and headaches. The stomach cramps were not new - Hitler had complained of them for several years but late in 1944 they became serious. Several doctors in addition to Morrell were visiting Hitler during the latter half of 1944. Among them were a cardiologist, a dentist, an ear specialist and a throat specialist.

In September 1944 there occurred a medical crisis in the affairs of Hitler. He was suffering from a continuing series of stomach cramps. Dr. Giesing, the ear, nose and throat specialist who had attended Hitler after the Bomb Plot discovered, more or

less accidentally that Morrell, for at least two years, had been treating the symptoms of Der Fuehrer with a proprietary drug known as Dr. Koester's Antigas Pills. They consisted of a compound of strychnine and belladonna (the prescription is given as Extr. Nux Vomp Extr. Bellad. a.a. 0.5; extr. Gent. 1.0) (AH14: p 128). The dose Hitler was taking was supposed to be 2 to 4 pills with each meal although 8 pills per day was considered to be the maximum safe dose. Morrell himself did not personally administer this medication but left it to Hitler's valet Heinz Linge. He received these pills in bulk lots from Morrell and gave them to his master as requested without medical supervision. Dr. Giesing discovered these pills by chance in Linge's room. Shocked by the discovery, Giesing consulted Dr. Brandt, the surgeon. They both agreed that Hitler was being slowly poisoned by Morrell's treatment. They concluded that the chronic poisoning not only was responsible in itself for the abdominal pains it was supposed to relieve but also for the discoloration of Hitler's skin which was becoming increasingly apparent. Brandt and Giesing now took their findings up with Dr. von Hasselbach and all agreed that something had to be done. Brandt and Giesing confronted Hitler with the facts they had uncovered and told him that he was allowing himself to be poisoned by Morrell. But Hitler was not shaken from his dependence on his "medicine man". Brandt, Giesing and von Hasselbach were all dismissed from Hitler's "court." Brandt himself was stripped of all political posts held by him, he was tried before a summary court, accused among

other things of having lost faith in a Germany victory. He was condemned to death but before the sentence could be carried out, the allied military tidal wave was approaching Berlin. Brandt was captured, tried by the Nuremberg Tribunals and was executed for crimes more serious than those charged to him by Hitler.

With Brandt and Hasselbach gone, Hitler needed to fill the vacancy of a surgeon at his court. Himmler's physician Professor Karl Gebhardt, recommended one of his students Ludwig Stumpfegger an orthopedic surgeon. Gebhardt himself already had an unsavoury and sinister reputation as an unscrupulous dabbler in politics. He had also carried out medical experiments on Polish girls at Auschwitz. Stumpfegger, although he rendered few medical services to Hitler, stayed with him to the end. He was astute enough to allow Morrell to maintain his baleful influence over his Fuehrer. Thus, with all the other doctors dismissed, Morrell's control of Hitler's person for the last six months of his life was unchallenged.

In his last days, although Hitler suffered from no organic disease, he had become, according to the testimony of all those about him, a physical wreck. As Trevor-Roper wrote: "Ceaseless work, the loss of all freedom, the frustration of all his hopes, Morrell's drugs, and perhaps more than all these, the violence of his temperament when bitterness and disappointment had multiplied around him, had reduced that once powerful conqueror to a trembling spectre. All witnesses of the final days agree when

they describe his emaciated face, his grey complexion, his stooping body, his shaking hands and foot, his hoarse and quavering voice, and the film of exhaustion that covered his eyes. They agree about certain less clearly physical symptoms too: his universal suspicion, his incessant rages, his alternation of optimism and despair. But two characteristics of his former temper he still possessed. The fascination of those eyes, which had bewitched so many seemingly sober men...had not deserted them.... Secondly, Hitler's lust for blood was unabated, perhaps even increased by time and defeat... In his last days, in the days of Radio Werewolf and suicidal strategy, Hitler seemed like some cannibal god, rejoicing in the ruin of his own temples. Almost his last orders were for execution; prisoners were to be slaughtered, his old surgeon was to be murdered, his own brother-in-law was executed, all traitors without further specifications were to die. Like an ancient hero, Hitler wished to be sent with human sacrifices to his own grave; and the burning of his own body, which had never ceased to be the centre and totem of the Nazi State, was the logical and symbolic conclusion of the Revolution of Destruction."

On April 20, while the Russian juggernaut was storming the gates of Berlin, Hitler celebrated his 56th birthday. It was to be his last. Hitler was still hoping that some military miracle would break the siege of Berlin and that his armies would somehow reverse the onrushing tide of events. But it was too

late. On the night of April 27/28 Hitler finalized his decision to commit suicide. In characteristic fashion, he blamed not himself, but others, especially the Jews for the failure of his Thousand Year Reich to survive. And so, since neither Germany nor the world deserved him, Hitler decided to end it all. On April 29, he dictated his will and political testament (AH : p 793) naming Admiral Dönitz as his successor. Then on April 30, came the end. As Bullock, one of Hitler's biographers has written (AH5: p 799) "Meanwhile, having finished his lunch, Hitler went to fetch his wife from her room, and for the second time they said farewell to Goebbels, Bormann and the others who remained in the bunker. Hitler then returned to the Führer's suite with Eva and closed the door. A few minutes passed while those outside stood waiting in the passage. Then a single shot rang out.

After a brief pause the little group outside opened the door. Hitler was lying on the sofa, which was soaked with blood: he had shot himself through the mouth. On his right-hand side lay Eva Braun, also dead: she had swallowed poison. The time was half past three on the afternoon of Monday, 30 April 1945, ten days after Hitler's fifty-sixth birthday."

"Characteristically, Hitler's last message to the German people contained at least one striking lie. His death was anything but a hero's end; by committing suicide he deliberately abandoned his responsibilities and took a way out which in earlier years he had strongly condemned as a coward's way out."

Hitler's instructions for the disposal of their bodies had been explicit and they were carried out to the letter. Hitler's own body, wrapped in a blanket was carried out and up to the garden by two S.S. men. The head was concealed but the black trousers and black shoes which he wore with his uniform jacket hung down beneath the covering. Eva's body was picked up by Bormann who handed it to Kemmer. They made their way up the stairs and out into the open air, accompanied by Goebbels, Günsche and Gurgdorf. The doors leading into the garden had been locked and the bodies were laid in a shallow depression of sandy soil close to the porch. Picking up the five cans of petrol, one after another, Günsche, Hitler's S.S. adjutant, poured the contents over the two corpses and set fire to them with a lighted rag.

A sheet of flame leapt up, and the watchers withdrew to the shelter of the porch. A heavy Russian bombardment was in progress and shells continuously burst on the Chancellery. Silently they stood to attention, and for the last time gave the Hitler salute; then disappeared into the shelter.

Outside, in the deserted garden, the two bodies burned steadily side by side. It was twelve years and three months to the day since Hitler had walked out of the President's room, Chancellor of the German Reich."

"What happened to the ashes of the two burned bodies left in the Chancellery Garden has never been discovered. That they were disposed of in some way remains a possibility since an open

fire will not normally destroy the human body so completely as to leave no traces, and nothing was found in the garden after its capture by the Russians. Professor Trevor-Roper, who carried out a thorough investigation in 1945 of the circumstances surrounding Hitler's death, inclines to the view that the ashes were collected into a box and handed to Artur Axmann, the leader of the Hitler Youth. There is some slight evidence for this and, as Trevor-Roper points out (in the Introduction to his second edition, pages xxxii-xxxiv) it would have been a logical act to pass on the sacred relics to the next generation. The simplest explanation may still be the correct one. It is not known how thorough a search was made by the Russians, and it is possible that the remains of Adolph Hitler and his wife became mixed up with those of other bodies which have been found there, especially as the garden continued to be under bombardment until the Russians captured the Chancellery on 2 May.

The question would scarcely be of interest had the failure to discover the remains not been used to throw doubt on the fact of Hitler's death. It is of course, true that no final incontrovertible evidence in the form of Hitler's dead body has been produced. But the weight of circumstantial evidence set out in Trevor-Roper's book, when added to the state of Hitler's health at the time and the psychological probability that this was the end he would choose, make a sufficiently strong case to convince all but the constitutionally incredulous - or those who have not bothered to study the evidence."

However, the story does not end here. There has long been a suspicion that the Russians knew more than they were willing to tell about what happened to the remains of Hitler and others, notably Goebbels, and his family, whose bodies were found in the bunker. In 1968, a book entitled "The Death of Adolph Hitler: Unknown Documents from the Soviet Archives" (AH11a) provides additional data.

According to the author of this report, the Russians found a number of bodies underneath the ruins of the Chancellery when they occupied this area of Berlin on May 5, 1945. Among them were two partially burned corpses, that of a man and a woman. These were removed along with the other bodies later identified as those of Goebbels and his wife and children.

The two partially burned bodies were autopsied and on the basis of the observations made were presumptively identified as those of Adolph Hitler and his newly wedded wife, Eva Braun. The autopsy protocols, which appear below seems to have been "edited".

Several points may be noted: (a) Contrary to other published reports Hitler did not commit suicide by shooting himself. He died by poison - the odor of cyanide was still detectable in his mouth together with slivers of glass from the containing capsule. (b) Confirmation of the fact that the two bodies were in fact those of Adolph Hitler and Eva Braun, comes mainly from dental evidence. (c) In the body presumed to be that of Hitler, "the left testicle could not be found either in the scrotum or on the

spermatic cord inside the inguinal canal, nor in the small pelvis." It was further stated in the protocols that despite considerable damage by fire, no visible signs of severe lethal injuries or illnesses could be detected. This conclusion may refer to what might have been observed by simple visual inspection of the remains. Since no statement appears in these protocols about microscopic examination of the tissues, we are left in the dark as to whether histopathologic studies were made, or if made, were deleted from this publication.

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Hitler's Physical Health and Personality. The following doctors have been interrogated on Hitler's health and physical condition, and on other personal matters:

Brandt, Dr. Karl - Surgeon to Hitler's staff until October, 1944. Condemned and executed 1947.

Von Eicken, Professor - Ear, nose and throat specialist. Attended Hitler in 1935 and again after 20th July 1944.

Giesing, Dr. Erwin - Ear, nose and throat specialist. Attended Hitler after 20th July 1944.

von Hasselbach, Dr. Hans Karl - Surgeon, deputy to Brandt until October, 1944.

Morrell, Professor Theodor, Personal Physician to Hitler whom he last saw on 22nd April 1945. Died 1948.

CHRONOLOGY OF THE LIFE OF ADOLPH HITLER

- 1889 (Apr. 20) Born in Braunau, Austria, son of Alois Hitler (born Alois Schicklgruber), a customs official.
- 1900-05 In high school (Realschule); first in Linz, then in Steyr.
- 1903 Father dies.
- 1905 Drops out of school before graduation.
- 1907 (Sept.) Fails to gain admission to Academy of Fine Arts in Vienna.
(Dec.) Mother dies.
- 1907-13 Aimless existence in Vienna; absorbs ideas and techniques that later became central elements in his political ideology.
- 1913 Moves to Munich, Germany, probably to avoid military service in Austrian Army.
- 1914-18 Volunteers for service in German Army and serves with distinction as a courier until incapacitated by poison gas shortly before the end of the war.
- 1919 In Munich as political instructor in the postwar German army (Reichswehr).
(Sept.) Joins German Workers' Party or DAP (later NSDAP).
- 1920 (Feb. 24) Announces 25 point program of the NSDAP at a mass meeting in Munich Beer Hall.
(Mar. 31) Resigns from the Reichswehr to devote all his time to politics.
- 1921 Becomes Führer of the NSDAP with almost unlimited authority in party affairs.
- 1923 (Nov. 8/9) Leads abortive "Beer-Hall Putsch" in Munich
- 1924 (Feb./Mar.) Tried for high treason: convicted and sentenced to 5 years imprisonment at Landsberg.
Writes first volume of Mein Kampf.
(Dec.) Pardoned and released from prison.
- 1925 (Feb.) Formally reconstitutes NSDAP in Munich.

- 1929 World-wide economic depression.
- 1930 (Sept.) National election raises Reichstag representation of NSDAP from 12 to 107 seats.
- 1932 Runs for presidency; gets one-third of votes but loses to incumbent Hindenburg.
- 1933 (Jan. 30) Appointed Reich Chancellor by President Hindenburg.
(Feb. 27) Reichstag fire; Hitler blames Communists.
(Feb. 28) Prevails on President Hindenburg to sign an emergency decree "for the Protection of the People and the State" suspending those sections of the constitution guaranteeing individual and civil liberties.
(Mar. 6) NSDAP gets 44% of the vote in the Reichstag election.
(Mar. 24) Reichstag passes so-called (Enabling Act" which in effect gives Hitler authority to enact laws and to deviate from the constitution.
(Jul. 14) All political parties except NSDAP outlawed.
- 1934 (Jun. 30) Purges, S. A.; Röhm and other storm troop leaders as well as a number of non-Nazi enemies of Hitler shot.
(Aug. 2) Hindenburg dies. Hitler abolishes office of president and takes title of Führer and Reich Chancellor.
Armed Forces take personal oath to Hitler as Supreme Commander.
- 1935 (Mar. 16) Announces build-up of Armed Forces and reintroduces general military conscription - all in Violation of Versailles Treaty.
(Sept.) Passage of the anti-Jewish "Nuremberg Laws"
- 1936 (Mar. 7) Repudiates Locarno Treaty and sends German troops into Rhineland.
- 1937 (Nov. 5) Outlines to highest ranking military and civilian leaders his plans for territorial aggrandizement and war. (Hassbach Memorandum)
- 1938 (Feb. 4) Takes direct command of German Armed Forces (Wehrmacht) in wake of the Blomberg-Fritsch Affair. Also appoints Ribbentrop foreign minister in place of Neurath.

1938 (Mar. 13) Annexes Austria (Anschluss)
 (Sept./Oct.) Sudetenland crisis; Munich agreement; German occupation of Sudetenland.
 (Nov. 9) Organized program against the Jews of Germany (Kristallnacht).

1939 (Mar. 15) German troops occupy Czechoslovakia.
 (Aug. 23) Nonaggression pact with USSR.
 (Sept.) German invasion of Poland
 World War II begins.
 (Sept. 3) Gt. Brit. and France declare war on Germany.

1940 (Apr.) German conquest of Denmark and Norway.
 (May/Jun.) German conquest of Belgium, Luxembourg and Netherlands.
 France militarily defeated and largely occupied by Wehrmacht. B.E.F. driven from continent.

1941 German conquest of Yugoslavia and Greece.
 (Jun. 22) German invasion of Russia.
 Systematic extermination of East European Jewry begins.
 (Dec.) Germany declares war on U.S.
 German advance in Russia stalled.
 Hitler takes personal command of armies.

1942 (Jan.) Final solution - physical extermination of all Jews under German control decreed.
 (Summer) Hitler's empire at peak.
 (Autumn) Tide of war turns against Hitler.

1943 (Jan./Feb.) Catastrophic German defeat at Stalingrad.
 (Jul.) Allied invasion of Sicily and collapse of Mussolini's regime in Italy.

1944 (Jun. 6) D-Day. Allied invasion of France.
 (Jul. 20) Hitler survives assassination attempt by German Army officers.

1944 (Sep.) British and American troops reach Germany's western frontier.

(Dec.) Battle of Bulge fails.

1945 (Jan.) Red Army breaks through German defense and advances rapidly through Eastern Germany.

(Mar.) American troops cross Rhine.

(Apr. 25) Berlin encircled.

(Apr. 29) Marries Eva Braun

(Apr. 30) Commits suicide.

The Death of Adolf Hitler:
Unknown Documents from
Soviet Archives.

by

Lew A. Bezzymski.

New York, Harcourt, Brace & World.

1968. 114 p.

Originally published in German.

NAZI WAR CRIMES DISCLOSURE ACT
2000

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The text of the final and most important autopsy reports (Documents Nos. 12 and 13) are reproduced verbatim, in the following, either in their entirety or in somewhat abbreviated form:

DOCUMENT NO. 12

concerning the forensic examination of a male corpse disfigured by fire (Hitler's body)

Berlin-Buch, 8.V., 1945

Mortuary CAFS¹ No. 496

The Commission consisting of Chief Expert, Forensic Medicine, 1st Byelorussian Front, Medical Service, Lieutenant Colonel F. I. Shkaravski; Chief Anatomist, Red Army, Medical Service, Lieutenant Colonel N. A. Krayevski; Acting Chief Anatomical Pathologist, 1st Byelorussian Front, Medical Service, Major A. Y. Marants; Army Expert, Forensic Medicine, 3rd Shock Army, Medical Service, Major Y. I. Boguslavski; and Army Anatomical Pathologist, 3rd Shock Army, Medical Service, Major Y. V. Gulkevich, on orders of the member of the Military Council 1st Byelorussian Front, Lieutenant General Telegrin, performed the forensic-medical examination of a male corpse (presumably the corpse of Hitler).

Results of the examination:

A. EXTERNAL EXAMINATION

The remains of a male corpse disfigured by fire were delivered in a wooden box (Length 163 cm., Width 55 cm., Height 53 cm.). On the body was found a piece of yellow jersey, 25 x 8 cm., charred around the edges, resembling a knitted undervest.

In view of the fact that the corpse is greatly damaged, it is

¹ Abbreviation for *Chirurgisches Armeefeldlazarett*.

difficult to gauge the age of the deceased. Presumably it lies between 50 and 60 years. The dead man's height is 165 cm. (the measurements are approximate since the tissue is charred), the right shinbone measures 39 cm. The corpse is severely charred and smells of burned flesh.

Part of the cranium is missing.²

Parts of the occipital bone, the left temporal bone, the lower cheekbones, the nasal bones, and the upper and lower jaws are preserved. The burns are more pronounced on the right side of the cranium than on the left. In the brain cavity parts of the fire-damaged brain and of the dura mater are visible. On face and body the skin is completely missing; only remnants of charred muscles are preserved. There are many small cracks in the nasal bone and the upper jawbones. The tongue is charred, its tip is firmly locked between the teeth of the upper and lower jaws.

In the upper jaw there are nine teeth connected by a bridge of yellow metal (gold). The bridge is anchored by pins on the second left and the second right incisor. This bridge consists of 4 upper incisors (2] 1] 1] 2), 2 canine teeth (3] 3), the first left bicuspid (4] 5]), as indicated in the sketch. The first left incisor (1]) consists of a white platelet, with cracks and a black spot in the porcelain (enamel) at the bottom. This platelet is inset into the visible side of the metal (gold) tooth. The second incisor, the canine tooth, and the left bicuspid, as well as the first and second incisors and the first bicuspid on the right, are the usual porcelain (enamel) dental plates, their posterior parts fastened to the bridge. The right canine tooth is fully capped by yellow metal (gold). The maxillary bridge is vertically sawed off behind the second left bicuspid (5]). The lower jawbone lies loose in the singed oral cavity. The alveolar processes are broken in the back and have ragged edges. The front surface and the lower edge of the mandibula

²At a somewhat later date occipital parts of a cranium were found, quite probably belonging to Hitler's corpse.

are scorched. On the front surface the charred prongs of dental roots are recognizable. The lower jaw consists of fifteen teeth, ten of which are artificial. The incisors ($\overline{2}$ | $\overline{1}$ | $\overline{1}$ | $\overline{2}$) and the first right bicuspid ($\overline{4}$) are natural, exhibiting considerable wear on the masticating surface and considerably exposed necks. The dental enamel has a bluish shimmer and a dirty yellow coloration around the necks. The teeth to the left ($\overline{4}$, $\overline{5}$, $\overline{7}$, and $\overline{8}$) are artificial, of yellow metal (gold), and consist of a bridge of gold crowns. The bridge is fastened to the third, the fifth (in the bridge, the sixth tooth), and the eighth tooth (in the bridge, the ninth tooth). The second bicuspid to the right ($\overline{3}$) is topped by a crown of yellow metal (gold) which is linked to the right canine tooth by an arching plate. Part of the masticating surface and the posterior surface of the right canine tooth is capped by a yellow metal (gold) plate as part of the bridge. The first right molar is artificial, white, and secured by a gold clip connected with the bridge of the second bicuspid and the right incisor.

Splinters of glass, parts of the wall and bottom of a thin-walled ampule, were found in the mouth.

The neck muscles are charred, the ribs on the right side are missing, they are burned. The right side of the thorax and the abdomen are completely burned, creating a hole through which the right lung, the liver, and the intestines are open to view. The genital member is scorched. In the scrotum, which is singed but preserved, only the right testicle was found. The left testicle could not be found in the inguinal canal.

The right arm is severely burned, the ends of the bone of the upper arm and the bones of the lower arm are broken and charred. The dry muscles are black and partially brown; they disintegrate into separate fibers when touched. The remnants of the burned part (about two thirds) of the left upper arm are preserved. The exposed end of the bone of the upper arm is charred and protrudes from the dry tissue. Both legs, too, are charred. The soft tissue has in many places disap-

peared; it is burned and has fallen off. The bones are partially burned and have crumbled. A fracture in the right thighbone and the right shinbone were noted. The left foot is missing.

B. INTERNAL EXAMINATION

The position of the internal organs is normal. The lungs are black on the surface, dark red on the cut surface, and of fairly firm consistence. The mucous membrane of the upper respiratory tracts is dark red. The cardiac ventricles are filled with coagulated reddish-brown blood. The heart muscle is tough and looks like boiled meat. The liver is black on the surface and shows burns; it is of fairly firm consistence and yellowish-brown on the cut surface. The kidneys are somewhat shrunken and measure 9 x 5 x 3.5 cm. Their capsule is easily detachable; the surface of the kidneys is smooth, the pattern effaced, they appear as if boiled. The bladder contains 5 cc. yellowish urine, its mucous membrane is gray. Spleen, stomach, and intestines show severe burns and are nearly black in parts.

- NOTE: 1. The following objects taken from the corpse were handed over to the SMERSH Section of the 3rd Shock Army on May 8, 1945: a) a maxillary bridge of yellow metal, consisting of 9 teeth; b) a singed lower jaw, consisting of 15 teeth.
2. According to the record of the interrogation of Frau Käthe Heusermann it may be presumed that the teeth as well as the bridge described in the document are those of Chancellor Hitler.
3. In her talk with Chief Expert of Forensic Medicine, Lieutenant Colonel Shkaravski, which took place on May 11, '45,³ in the offices of CAFS

³I asked N. Krayevski how it was possible for this date to appear in an autopsy report that had been written on May 8. He explained that the report had originally been written by hand; only later was it decided to add the statements of Heusermann. As was mentioned above, the delay between evidence and conclusion is absolutely normal.

No. 496, Frau Käthe Heusermann described the state of Hitler's teeth in every detail. Her description tallies with the anatomical data pertaining to the oral cavity of the unknown man whose burned corpse we dissected.

Appended: A test tube with glass splinters from an ampule which were found in the mouth of the body.

signed (Shkaravski)
Chief Expert, Forensic Medicine,
1st Byelorussian Front, Medical Service,
Lieutenant Colonel

signed (Krayevski)
Chief Anatomical Pathologist, Medical Service, Red Army,
Lieutenant Colonel

signed (Marants)
Acting Chief Anatomical Pathologist,
1st Byelorussian Front, Medical Service,
Major

signed (Boguslavski)
Army Expert, Forensic Medicine,
3rd Shock Army, Medical Service,
Major

signed (Gulkevich)
Army Anatomical Pathologist,
3rd Shock Army, Medical Service,
Major

CONCLUSION

Based on the forensic-medical examination of the partially burned corpse of an unknown man and the examination of other corpses from the same group (Documents Nos. 1—11), the Commission reaches the following conclusions:

1. Anatomical characteristics of the body:

Since the body parts are heavily charred, it is impossible to describe the features of the dead man. But the following could be established:

- a) Stature: about 165 cm. (one hundred sixty-five)
- b) Age (based on general development, size of organs, state of lower incisors and of the right bicuspid), somewhere between 50 and 60 years (fifty to sixty).
- c) The left testicle could not be found either in the scrotum or on the spermatic cord inside the inguinal canal, nor in the small pelvis.
- d) The most important anatomical finding for identification of the person are the teeth, with much bridgework, artificial teeth, crowns, and fillings (see documents).

2. Cause of death:

On the body, considerably damaged by fire, no visible signs of severe lethal injuries or illnesses could be detected.

The presence in the oral cavity of the remnants of a crushed glass ampule and of similar ampules in the oral cavity of other bodies (see Documents Nos. 1, 2, 3, 5, 6, 8, 9, 10, 11, and 13), the marked smell of bitter almonds emanating from the bodies (Documents Nos. 1, 2, 3, 5, 8, 9, 10, 11), and the forensic-chemical test of internal organs which established the presence of cyanide compounds (Documents Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) permit the Commission to arrive at the conclusion that death in this instance was caused by poisoning with cyanide compounds. *

signed (Shkaravski)

Chief Expert, Forensic Medicine,
1st Byelorussian Front, Medical Service,
Lieutenant Colonel

signed (Krayevski)

Chief Anatomical Pathologist, Medical Service, Red Army,
Lieutenant Colonel

* Contradicts reports that Hitler shot himself.

signed (Marants)
Acting Chief Anatomical Pathologist,
1st Byelorussian Front, Medical Service,
Major

signed (Boguslavski)
Army Expert, Forensic Medicine,
3rd Shock Army, Medical Service,
Major

signed (Gulkevich)
Army Anatomical Pathologist,
3rd Shock Army, Medical Service,
Major

Thus far the contents of Document No. 12. Before entering into the question of what corpse was being examined—a question left in abeyance in the document—let us consider Document No. 13, which records the results of the forensic-medical examination of a female corpse.⁴ The Commission came to the following conclusions:

1. *Anatomical characteristics of the body:*

In view of the fact that the body parts are extensively charred, it is impossible to describe the features of the dead woman.

The following, however, could be established:

- a) The age of the dead woman lies between 30 and 40 years, evidence of which is also the only slightly worn masticating surface of the teeth.
- b) Stature: about 150 cm.
- c) The most important anatomical finding for identification of the person are the gold bridge of the lower jaw and its four front teeth.

2. *Cause of death:*

On the extensively charred corpse there were found traces of a splinter injury to the thorax with hemothorax, injuries to

⁴For complete text, see Appendix, Document No. 13.

one lung and to the pericardium, as well as six small metal fragments.

Further, remnants of a crushed glass ampule were found in the oral cavity.

In view of the fact that similar ampules were present in other corpses—Documents Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11—that a smell of bitter almonds developed upon dissection—Documents Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11—and based on the forensic-chemical tests of the internal organs of these bodies in which the presence of cyanide compounds was established—Documents Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11—the Commission reaches the conclusion that notwithstanding the severe injuries to the thorax the immediate cause of death was poisoning by cyanide compounds.

In both cases the experts were faced with the most seriously disfigured of all thirteen corpses. Because of this obstacle to the examination two sentences need to be particularly stressed: "Splinters of glass, parts of the wall and bottom of a thin-walled ampule, were found in the mouth" (Document No. 12)—and "In the oral cavity . . . yellowish glass splinters . . . of a thin-walled ampule were found" (Document No. 13, Appendix). These findings permitted the Commission to come in their summary in both cases to analogous conclusions: Death was caused by poisoning with cyanide compounds.

This conclusion is in no way contradicted by the splinter injuries in Eva Braun's body. These could not possibly have been inflicted on her in the bunker. Most probably they occurred during the burning in the garden, which was under artillery fire. Only shell splinters could have caused the injuries and the hemorrhage in the pleura.

Several versions are current concerning the story of the identification of the two corpses, some of them amusingly fictional. A few years ago the German illustrated magazine *Stern* published the account of an M.D., Dr. Arnaudow, a native of Bulgaria, who became a citizen of the West German Republic. He tells in great detail that he was the person who had been able to identify the corpses of Hitler and Frau Braun.

When I showed this account to the actual participants in the identification process, they responded with ironical smiles. Of course they remembered a young Bulgarian student whom they had met on May 9, 1945, at the Charité Hospital. There, Soviet investigators had appeared in search of the Chief of the Throat, Nose, and Ear Clinic, Professor Karl von Eicken, who was known to have treated Hitler for years. The young Bulgarian student offered to accompany the Soviet officers to Kurfürstendamm, where they wanted to track down Hitler's dentist, Professor Blaschke. In those turbulent days this was not an easy task, and Arnaudow acquitted himself honorably. Among the shelled and bombed-out houses he found the intact private office of Blaschke, but not Blaschke himself, who had fled. This ended the Bulgarian's mission.

The moment has come to introduce two Soviet officers who played a signal role in our story. They are Andrei Sevostyanovich Mirozhnichenko, Chief of Counter Intelligence in the 3rd Shock Army, and his deputy, Vasili Ivanovich Gorbushin, two Soviet citizens of the older generation who had been forced by the war to be endlessly on the road. If their biographical data had been exposed to the eyes of a Gestapo investigator, their names would immediately have been singled out for "Special Treatment." As sons of the working class, both were long-standing members of the Communist Party (Mirozhnichenko since 1930, Gorbushin since 1932); they were also officers of the

Cheka¹ (Mirozhnichenko since 1930, Gorbushin since 1938), devoting their lives to combating the enemies of the Soviet State.

At this point in the identification process, Vasili Gorbushin was entrusted with the search for witnesses, assisted by Major Bystrov, an experienced officer with a knowledge of German.

Gorbushin was from Leningrad. In the history of wars, the siege of Leningrad will live on as one of the most cruel and ruthlessly destructive operations. Today, there are voices who wish to excuse it as "military necessity." But at the time no one in Berlin was looking for an excuse for this crime. It was a foregone conclusion that the city bearing Lenin's name would be razed and its population doomed to starvation.

However, the citizens of Leningrad thwarted Hitler's calculations. Vasili Gorbushin, former Chief Foreman of the 2nd Mechanical Division of the famous industrial complex "Krasny Putilovets," survived the worst times of the siege, the winter months of 1941/42. His mission at the time was to counteract the German agents infiltrating the city. From March 1942 he worked in the Volkhov Sector, and from 1943 he was detailed to the Staff of the 3rd Shock Army. On May 9, 1945, Gorbushin's mission was to ascertain whether the corpses found in the garden of the Chancellery were really those of Adolf Hitler and Eva Braun.

Gorbushin's group decided to base their search on the recommendations of the medical investigators. The dissecting doctors had taken into custody jawbones with many artificial bridges, crowns, and fillings. All that was needed for an irrefutable identification were Hitler's dentists. Gorbushin relates:

In the morning of May 9, I went in search of Hitler's dentists. In Professor Blaschke's clinic we were received by a Dr. Bruck. When Bruck learned that we wanted to see his chief on a matter of importance to the Soviet Army Command, he

¹ Abbreviation of Russian for the Soviet Security Service, later replaced by the GPU and eventually by the NKVD.

told us that the Professor himself was not at home and asked whether an assistant of the Professor, Käthe Heusermann, might represent him.

I summoned her to an interrogation and had her fetched by the Bulgarian student.

"Where is the medical history on Adolf Hitler's teeth?" I asked Käthe Heusermann.

"Here, in the files," she answered.

Frau Heusermann quickly searched in the file box and pulled out a card which proved to be the medical history of Adolf Hitler. The entries gave evidence that the Führer had had very poor teeth in need of frequent repair.

We also needed the X-ray pictures of Hitler's teeth, but they were not at the clinic. When I asked where they might be, Käthe Heusermann answered that they ought to have been kept in Professor Blaschke's office in the Chancellery.

Wasting no more time in the clinic, we drove to the Chancellery, taking Käthe Heusermann along. Here we went down to the basement, found Professor Blaschke's dental office, and with Käthe Heusermann's assistance soon discovered X-ray photographs of the Führer's teeth and a few gold crowns that had been prepared, but time to put them to use had run out on dentist and patient.

Käthe Heusermann informed me that crowns and bridges for Hitler and Eva Braun had been prepared by a dental technician named Fritz Echtmann, whose address she knew. We found Echtmann at home. I explained the purpose of our visit and asked him to come with us. He was readily willing.

Frau Heusermann and Echtmann were interrogated by me separately. I was assisted by Major Bystrov.

In answer to my questions Käthe Heusermann and Fritz Echtmann described Hitler's teeth from memory in minute detail. Their information about bridges, crowns, and fillings corresponded precisely with the entries in the medical history and with the X-ray pictures that we had found. Next we asked them to identify the jawbones which had been taken from the

male corpse. Frau Heusermann and Echtmann recognized them unequivocally as those of Adolf Hitler.

In a similar procedure we next asked the dentists to describe Eva Braun's teeth. After they had both answered our questions exhaustively, we placed before them the gold bridge which had been taken from the mouth of the female corpse during the autopsy.

Käthe Heusermann and Fritz Echtmann declared without hesitancy that this prosthesis belonged to Eva Braun. Fritz Echtmann added that the special construction of the bridge prepared for Eva Braun was his own invention and that so far no dental prosthetist had used a similar method of attachment.

Next, our medical experts met again. After examination of the medical history, X-ray pictures, and the jawbone with the teeth of the charred male corpse which had been found on May 4 in the garden of the Chancellery, the experts came to the definite conclusion that these were Adolf Hitler's teeth.

We have every reason to believe in the trustworthiness of Gorbushin's account, since it has received documentary confirmation: the subsequently drawn up records of the interrogation. On May 9 Professor Eicken was interrogated by Colonel Mirozhnichenko and Gorbushin. Frau Heusermann was repeatedly interrogated, on May 10 by Gorbushin himself.² Here is the crucial part of the interrogation:

Question: Can you establish from the dental bridges that they belong to Hitler?

Answer: Yes, there is no doubt of it.

Question: We have shown you the dental bridge of an upper jaw and a lower jaw with teeth. Do you know to whom these teeth belong?

Answer: The teeth shown to me belong to the German Chan-

²Yelena Rshevskaya, who in 1965 published a report on the search for the leaders of the Third Reich, was interpreter during this interrogation. Cf. Yelena Rshevskaya, *Hitlers Ende ohne Mythos* (Berlin, 1967), pp. 90 ff.

cellor Adolf Hitler. The upper jaw on the left, behind the fourth tooth, exhibits a distinct trace which occurred when the gold bridge was sawed by the dental drill, at the time of the extraction of the sixth tooth. This extraction was performed by Professor Blaschke with my assistance in the autumn. . . .

All further evidence that these bridges are Adolf Hitler's tallies with those named by me before from memory, with the exception of the fourth lower right tooth, which I believed to be an artificial porcelain tooth. But the teeth you have shown me prove that this tooth is a natural one.

Question: Can you affirm that the teeth shown to you are Adolf Hitler's teeth?

Answer: Yes, I affirm that the teeth shown to me are Adolf Hitler's teeth.

The dental technician Fritz Echtmann confirmed Frau Heusermann's statements on May 11.³ On the same day, Frau Heusermann was interrogated by Dr. Faust Shkaravski. Here are his recollections:

On May 11, 1945, Hitler's medical history was sent to me from the aforementioned Field Hospital for Surgery, No. 496 in Buch. Käthe Heusermann, an assistant of Hitler's stomatologist, Professor Blaschke, was also brought to me. She had helped to prothesize Hitler's teeth in her capacity as specialist in stomatology. I remember very clearly how frightened she was during the interrogation. However, the interrogation proceeded very smoothly, really like an ordinary conversation between doctors. I, a Soviet physician, was speaking with a German doctor. In the course of our conversation, which lasted between two and three hours, Frau Heusermann gladly ate some of our candy. Her fear soon evaporated. She de-

³ Later, as a Soviet prisoner, Echtmann produced sketches and descriptions of the jaws of Eva Braun, whose dental prostheses were made by him, and of those of Hitler, on whose dental prosthesis he collaborated.

scribed minutely the specific features of Hitler's dental prostheses and drew them with her own hand. I even started to argue with her, because I had overlooked one detail when examining the teeth and had miscounted the steel pins. She turned out to be right.

Having finished with the theoretical part of our conversation, we proceeded to the practical part, that is, I wanted to check the correctness of her statements against the prostheses themselves, which were in my desk. I took them out and placed them before Frau Heusermann. Frau Heusermann repeated everything again in detail and declared categorically that the prosthesis I had shown her was in fact Hitler's dental prosthesis. The picture was clear beyond doubt, for Frau Heusermann as well as for me as forensic expert.

After the interrogation of Frau Heusermann and Echtmann the forensic experts no longer doubted the identity of the corpses. I asked Professor Krayevski which detail of this memorable experts' report he remembered most clearly.

"Probably the smell of bitter almonds, which we all noticed. For an anatomical pathologist or a forensic physician this smell says unmistakably: Poisoning by cyanide compounds."

I further mentioned to Professor Krayevski one particular detail which had been established at the dissection of Hitler's internal organs: the missing second testicle. In medical parlance this defect is known as monorchism. Krayevski remarked that monorchism is a fairly frequent phenomenon and as a rule is congenital: such a defect did not exclude a normal sexual life. I asked whether this might be the consequence of an illness. Himmler is said to have told Dr. Kersten that Hitler in his early years had contracted syphilis. According to Professor Krayevski, however, there is no connection between syphilis and monorchism.

This congenital defect of Hitler's had not been mentioned anywhere in the existing literature. But Professor Hans Karl von Hasselbach, one of Hitler's physicians, remembers that the

Führer always refused categorically to have a medical check-up.⁴ It is conceivable that this refusal was motivated by this physical abnormality.

Hitler died in the firm conviction that all traces of his physical existence had been destroyed. But Soviet shells and the unbearable smell of burning corpses kept his subordinates from following through in the execution of the Führer's last commands. Thus it became possible that the last (forensic-medical) opinion on Hitler was pronounced by Dr. Shkaravski, by Dr. Faust. Once upon a time Germany's greatest poet raised the name of Faust to a symbol of the triumph of human reason. Once again reason triumphed over madness.

Having concluded their work, the Commission under Dr. Shkaravski submitted its findings to the Military Council of the 1st Byelorussian Front.

12

Anne Frank was a child. Maria Rolnikaite, who was imprisoned in the Warsaw ghetto and left notes of similar impact, was also only fourteen years old. Among the victims of Babi Yar, of Lidice, there were many children—and a great many perished in Dresden.

These few signposts may serve as a yardstick as we turn to the murder of the six Goebbels children. Six, it may be said, are not six hundred thousand. But murder is always murder. And even those historians who appraise the life of the former Reich Minister for Propaganda and National Enlightenment with an unprejudiced eye will not dare to affirm that Helga (born September 1, 1932), Hilde (April 13, 1934), Helmut (October 2, 1935), Holde (February 2, 1937), Hedda (May 5, 1938), and Heide (October 29, 1940) willingly chose their death.

In the chaos of events around May 1, 1945, the fate of these

⁴ Cf. H. D. Röhrs, *Hitlers Krankheit* (Neckargmünd, 1966), p. 71.

children escaped proper attention. But the example of the Goebbels family throws an appalling light on the abyss to which horror propaganda can lead even its perpetrators. Did Goebbels and his wife seriously believe that the Allies would wreak their vengeance on six children? The postwar period has refuted such conjectures. Not a hair was harmed on the heads of the children of Bormann, Himmler, Göring, and many other Party bigwigs.

Not everything can be explained by a fanaticism which knows no bounds. But a regime which welcomes murder as the means of self-assertion must in the long run damage its own soul. Whoever ceases to respect his neighbor as a human being will in the end cease to be a human being himself. His biographer Helmut Heiber believes that Goebbels wanted to put himself in the spotlight through the death of his children, to create for himself an aura, a legend, conducive to immortality, to surround his end with the "awe-inspiring grandeur of antiquity and a sense of fateful doom."¹

How were Goebbels' children murdered? Opinions differ. Some, among them Goebbels' erstwhile Secretary of State Werner Naumann, assert that Magda Goebbels herself did the deed. Another version has it that their mother waited outside while the doctors administered poison to the children. Still others believe that we shall never know exactly what the actual proceedings were.

I do not wish to assert that the following documents throw a full light on the events. But they have one advantage: they were drawn up immediately after these events. The reader will notice that the eyewitness Dr. Helmut Kunz did not at first come out with the full truth. Then the Soviet Court of Inquiry subjected him again to a probing cross-examination.

RECORD OF INTERROGATION

May 7, 1945. Lieutenant Colonel Vasilyev, Chief of Counter Intelligence, 4th Section, SMERSH, 1st Byelorussian Front, has

¹ Helmut Heiber, *Joseph Goebbels* (Munich, 1965), p. 370.

CHARLES A. RAGAN, Jr., M. D.

Editor-in-Chief
MEDICAL TIMES
80 Shore Road
Port Washington, N. Y. 11050

Chairman, Department of Medicine
College of Physicians and Surgeons
of Columbia University

January 17, 1972

*German
Hitler*

Dear Doctor:

The recently published book, "The Mind of Adolf Hitler" by Cambridge psychiatrist Dr. Walter Langer, surfaces a proposition that our government should be having expert psychiatric "profiles" made of all international leaders -- such as the one Dr. Langer and three colleagues did on Hitler for the OSS in 1943.

These "long distance" analyses, of friends and foes alike, would advise U.S. politicians of the personalities with whom they would be negotiating. Such knowledge, Dr. Langer believes, might change our approaches and the net results -- supposedly for the better.

I'd like very much to know what you think about Dr. Langer's suggestion, and hope you'll take a few minutes to check off the following questions:

1. Do you think it would be possible to do meaningful, accurate psychiatric evaluations of other nations' leaders? ☐ Yes ☐ No
2. If possible to do fairly accurate analyses, do you think the potential benefits to our country and the world would outweigh the potential dangers? ☐ Yes ☐ No
3. What dangers do you see from such "psychiatric diplomacy"?

Please use the reverse side for any additional comments you may care to make on Dr. Langer's proposal. We enclose a postage paid envelope and I look forward to hearing from you.

Sincerely yours,

Charles A. Ragan, Jr.
Charles A. Ragan, Jr., M.D.
Editor-in-Chief

Calla Jon 21 Feb 73

NAZI WAR CRIMES DISCLOSURE ACT
2000

CIA SPECIAL COLLECTIONS
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2000

PMS 53
HITLER

OSLO, MAY 23, REUTER -- A NORWEGIAN DENTIST CLAIMED TODAY HE COULD PROVE THAT THE CHARRED BODY FOUND BY SOVIET TROOPS IN BERLIN IN MAY, 1945, WAS THAT OF ADOLF HITLER.

FERDINAND STROEM, A LEGAL-ODONTOLOGIST, SAID HERE TODAY THAT AFTER WORKING ON THE CASE SINCE 1945, HE NOW HAD FINAL EVIDENCE THAT HITLER DIED IN A BERLIN BUNKER.

HE SAID HE WOULD SUBMIT A REPORT TO A MEDICO-LEGAL CONGRESS IN EDINBURGH, SCOTLAND, IN SEPTEMBER WITH ANOTHER NORWEGIAN DENTIST, PROF. REIDAR SOGNAESS OF THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES.

STROEM SAID, THE EVIDENCE INCLUDED A REPORT ON THE INTERROGATION OF HITLER'S DENTIST, HUGO BLASKE, PICTURES OF HITLER'S TEETH AND X-RAY PICTURES OF HITLER'S HEAD, TAKEN ON TWO OCCASIONS IN 1944, FOLLOWING THE ATTEMPT ON HIS LIFE ON JULY 20, IN HIS RASTEBURG HEADQUARTERS.

STROEM SAID EVERYTHING MATCHED, INCLUDING THE POSITION OF THE TEETH AND REPAIRS.

HE SAID HIS LOS ANGELES COLLEAGUE AND HIMSELF HAD SPENT MUCH TIME SEARCHING FOR THE X-RAYS WHICH WERE FINALLY FOUND BY SOGNAESS IN TWO U.S. ARCHIVES IN BALTIMORE AND MARYLAND.

STROEM SAID THE PICTURES WERE ORIGINALLY FOUND ON HITLER'S PERSONAL PHYSICIAN, WHO LATER DISAPPEARED.

COOPERATING IN THE EFFORT TO PROVIDE THE FINAL PROOF OF HITLER'S DEATH WERE TWO OTHER DENTISTS, SOEREN KISERNIELSEN OF DENMARK AND BORIS FIALA, OF CZECHOSLOVAKIA.

STROEM SAID HE AND HIS COLLEAGUES WANTED TO SETTLE THE DISCUSSION ABOUT HITLER'S DEATH ONCE AND FOR ALL.
REUTER WRM/VGA 0635

NAZI WAR CRIMES DISCLOSURE ACT
2000

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Ausfertigung

B e s c h l u s s :

Es wird festgestellt, daß

A d o l f H i t l e r ,

geboren am 20. April 1889 in Braunau am Inn, tot ist.
Als Zeitpunkt seines Ablebens wird der 30. April 1945
15.30 Uhr festgestellt.

Berchtesgaden, den 25. Oktober 1956

Das Amtsgericht:

gez. Dr. Stephanus

Für den Gleichlaut der Ausfertigung mit der Urschrift:

Berchtesgaden, den 25. Oktober 1956

Der stellvertretende Urkundsbeamte der Geschäftsstelle
des Amtsgerichts:



Wellert
(Wellert)
Justizangestellte

An der Gerichtstafel angeheftet.

Berchtesgaden, den 25. Oktober 1956

Der stellvertretende Urkundsbeamte der Geschäftsstelle
des Amtsgerichts:

Wellert
(Wellert)
Justizangestellte

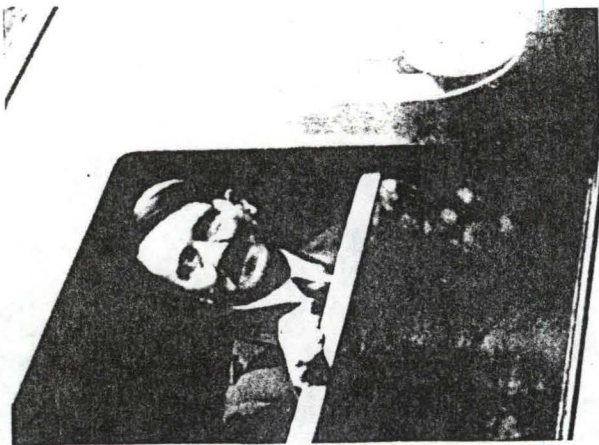
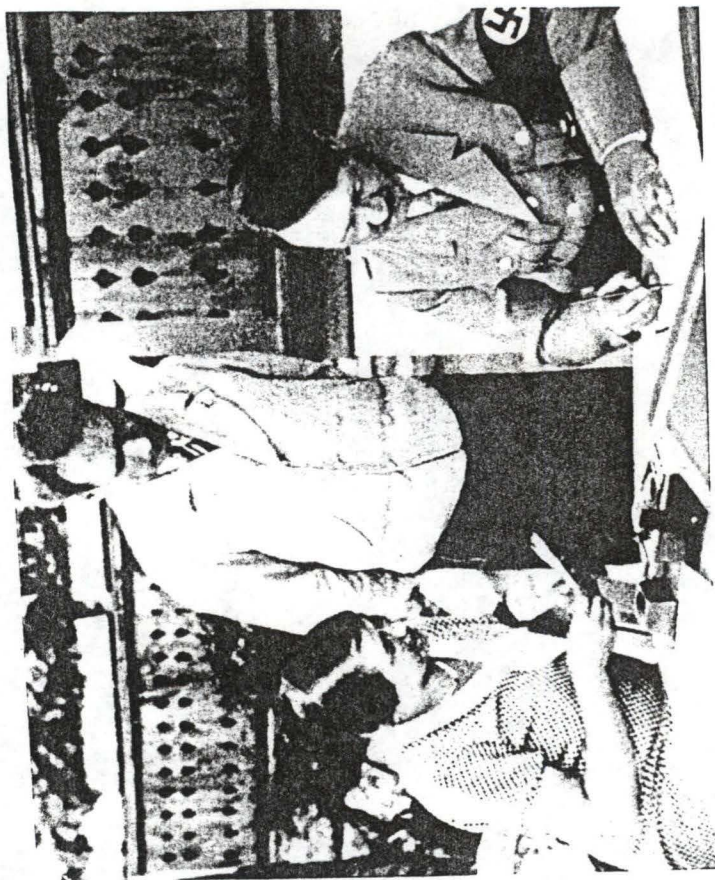
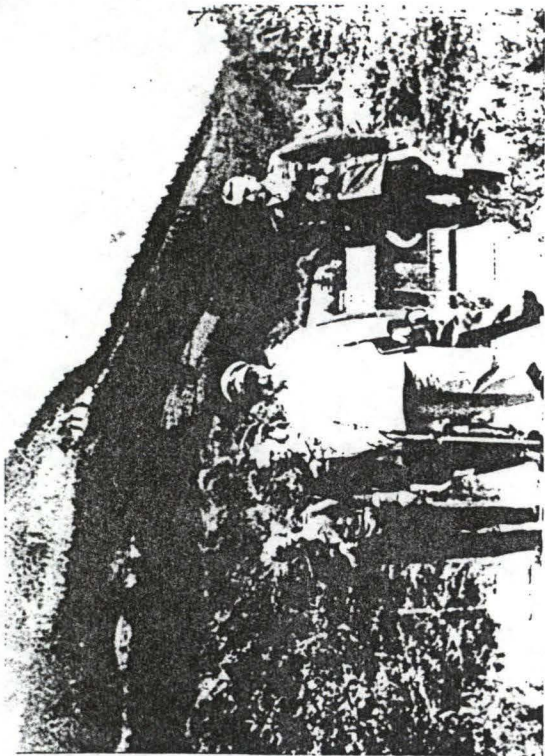
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THE WASHINGTON POST

Monday, Jan. 14, 1974

B3

Probing the Mind of Der Fuhrer

Reviewed by
John Mander

The reviewer is the author of "Unrevolutionary Society: The Power of Latin American Conservatism" and many articles about modern Germany.

Viewing the apparently endless flood of books about Nazism—we have had over 40 years of it by now—might well cause the most resilient to despair. If we have not understood Nazism yet, and in particular the personality of Hitler, perhaps we never shall. But a book like William Carr's helps raise the spirits. Carr does not attempt to retell the whole story, but he does manage to give a most convincing picture of how Hitler's mind worked.

The paradox Carr wants us to face is that while Hitler had no grasp of economics in a conventional sense—and indeed despised economists—his actions were determined in large part by economic considerations. It is easy (but dangerous) to make Hitler look like a simpleton. Hitler believed, for example, that excessive use of fertilizers would ruin the soil of Germany. The solution, therefore, was more *lebensraum* for the German peasant, which meant war against

Russia so that the Ukraine might be settled by a supposedly expanding German population. (Ironically, recent statistics have shown that the German population has been falling over the past 60 years.) Hitler knew that Germany was not self-sufficient in military-economic resources; iron ore, manganese, copper, rubber and oil had to be imported if Germany was to have armed quickly. Germany would have had to export more goods to pay for these things. The resumption of a huge German export drive would have led to further intensive industrialization yet Hitler and all the leading Nazis regarded life on the land as "natural" and modern industrialization and life in big cities as undermining a nation's vigor.

How on earth, we may well ask, did a man with such notions contrive to run a modern state and launch a war which very nearly succeeded? One answer is certainly that Hitler was a shrewd judge of men, and in turning to the well-known financier Schacht, who became Reichsbank president and economic minister, he made a masterly move. For Schacht was indefatigable in devising maneuvers—deficit, financing, barter-trade—whereby Germany could finance her rearmament. Yet the time would come when even the

ingenious Schacht would run out of solutions, and Carr makes it clear that Germany's economy under Hitler was often far closer to the precipice than most foreign observers realized.

But Carr repeatedly insists that Hitler's actions, when analyzed in detail, are those of an ultra-cautious rather than a reckless man. It would often take Hitler months to arrive at a decision—like the murder of Brownshirt leader Roehm, or the invasion of Austria or Czechoslovakia. He cultivated a reputation for rapid, ruthless, dynamic decision-making—and indeed owed much of his success to this frightening image. But the reality was different: It is evident that the long periods of apparent lassitude noted by Langer and many others were in reality periods of withdrawn meditation and calculation.

Thus the cavalier attitude to economic matters was not quite what it seemed. For Hitler, knowing that "autarky" or self-sufficiency was impossible for a Germany within her frontiers, had his own solution which is quite clearly spelled out in

Book World

ARMS, AUTARKY AND AGGRESSION: A Study in German Foreign Policy, 1933-1939. By William Carr.
(Norton. 136 pp. \$7)

"Mein Kampf." *Lebensraum* in the East would not only make Germany agriculturally independent; the conquest of the Ukraine and other areas would provide the raw materials Germany would otherwise have to purchase from countries she did not control. For this reason, Hitler, unlike most other nationalists, had no interest in overseas colonies. Nor was he worried about Germany's highly unstable economic situation. That his solution was predicated on war did not trouble him; for the true Nazi, war was, after all, the invigoration of the race, a part of that necessary Darwinian process by which the fittest prove their ability to survive.

Timing was all-important because a long war was out of the question; that was how Germany had been beaten in 1918. By 1943, Hitler reckoned, the war-making capacity of her potential enemies would overtake Germany's. Her economic situation therefore demanded *blitzkrieg*, and victory had to be in the bag by 1942. Evil thinking, yes,

but perfectly rational and calculated.

And it nearly came off. But there were three major countries against which *blitzkrieg* could not work: Britain, Russia and the United States. By the end of 1941, Hitler found himself at war with all three powers. As Carr shows, Hitler was clever, but not clever enough. He underestimated Russia and the United States grotesquely, while probably overestimating Great Britain. We all have reason to be grateful for that, as we have for William Carr's admirably lucid demonstration of it.

Stacy
Fitter

Magazines/Rao

The Magazine Reader

Who Killed Hitler's Niece, Reconsidered

By Charles Trueheart
Washington Post Staff Writer

Angela "Geli" Raubal was found dead and bloody in her bedroom in Adolf Hitler's Munich apartment on Sept. 19, 1931. She'd been shot in the chest with the gun found at her side—Hitler's gun. She was his half niece, nearly 20 years his junior and undoubtedly his mistress.

There was a clumsy coverup by Hitler's staff, terrified at the prospect of a scandal as the *Fuehrer* of the National Socialist Party was beginning his ascent to dominion *ueber Alles*. But Geli Raubal was, in fact, covered up—buried in Vienna with only a perfunctory autopsy. The official verdict: suicide.

Sixty years later, the dauntless Ron Rosenbaum wishes to resurrect the scandal. His tantalizing exploration of the case is in the April *Vanity Fair*, giving credit to many others who have made the Raubal mystery their life's work and obsession.

The questions surrounding what happened to the bewitching Geli—beginning with the basic one: murder or suicide?—would be familiar to anyone who follows Agatha Christie. But there are certain elements more reminiscent of James Ellroy's dark and twisted whodunits, notably evidence that Geli was suffering from the unspeakable sexual demands "Uncle Alfie" was making, and that she desperately wanted out. We learn from Rosenbaum that six of the seven women whom Hitler is said to have known intimately either committed suicide or made a serious stab at it. And we are made to wonder whether Hitler himself pulled the trigger, in cold calculation or frenzied passion, on poor Geli—perhaps (so goes one theory) because she was pregnant, and by a Jew.

This is kinky, kooky stuff, and its wherefores are probably destined to remain unanswered, particularly if Austrian authorities continue refusing to exhume Geli's remains. (More association with Hitler and Nazism the Austrians don't need.)

So why is Rosenbaum bothering—and why is his usual wryly cynical approach largely missing from this impassioned quest for answers? He seems to anticipate the question:

"Here's a man who would go on to murder millions, who made the Big Lie his essential mode of operation. But a young woman is found shot with his gun a few steps away from his bedroom, and Hitler gets the presumption of innocence because his friends say he wasn't



there at the time? Why give him a posthumous exoneration for *any* death without doing everything possible to hold him accountable?"

Shortlist Season

Vanity Fair, as it happens, heads the list of finalists for the 1992 National Magazine Awards. It won nominations in general excellence and six other categories, suggesting the breadth of the magazine's achievement after less than 10 years of publication: personal service, feature writing, public interest, design, photography, and essays and criticism. Among the nominees are Rosenbaum's article on suicide doctor Jack Kevorkian, two of Norman Mailer's columns, Gail Sheehy's menopause opus and Leslie Bennetts's report on child-molesting Catholic priests.

The New Republic, last year's general excellence winner in its circulation category (under 100,000), was nominated for the same award again, and for three others—twice for essays (by Michael Kinsley and Tatyana Tolstaya) and once for reporting (by Michael Kelly from the Persian Gulf War). *TNR* garnered the second-highest number of nominations.

National Geographic, another Washington-based magazine, was nominated (as it often is) in photography as well as in public interest ("The World's Food Supply at Risk," by Robert E. Rhoades) and general excellence. (*Business Week* and *Time* were the only other magazines with three nominations.)

Six other Washington publications are among 77 finalists in 14 categories: *Washingtonian* (general excellence); *U.S. News & World Report* for Michael Satchell's story on U.S.-owned factories despoiling Mexico (public interest); *Congressional Quarterly*, for "Where the Money Goes," December's whopper on the appropriations process (single-topic issue); *Common Boundary*, a Bethesda bimonthly that examines the intersection of psychology and spirituality, for an article on incest (personal service); *Modern Maturity*, the bimonthly of the American Association of

Retired Persons, for articles on various swindles (personal service); and *Ranger Rick*, the kids' magazine of the National Wildlife Federation (single-topic issue—on frogs).

Who says Washington isn't magazine central?

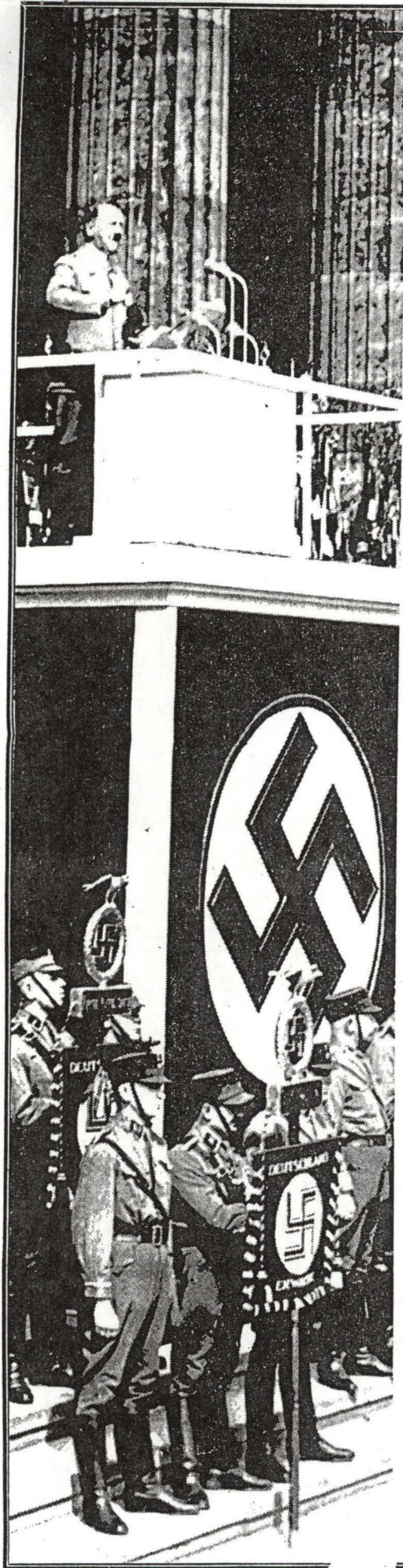
Other salient points about the finalists for the awards, which will be given April 16: The proliferation of kid-oriented magazines was reflected in nominations to *Kids Discover* (twice), *Creative Classroom* and the aforementioned *Ranger Rick*. One of *Time*'s nominations was for its provocative investigation of Scientology, and one of *Business Week*'s for its cover story on astronomical CEO pay. *Mother Jones* was nominated for Scott Armstrong's report on U.S.-Saudi relations. *The Atlantic* and *The New Yorker*, which often dominate the nominations, were nominated only twice each, and *Esquire*—ditto—not at all. And *The Angolite*, published by inmates at a Louisiana penitentiary and chronic nominee of high-minded judging panels, is a finalist yet again.

Maxwell House of Representatives

Corporate sponsorship of ostensibly sacred American institutions like bowl games and Smithsonian museums is now an accepted, if still outrageous, fact of life. John Rothchild, writing in the April/May issue of *Worth*, lets his warped imagination wander, and it comes to rest upon antic conjecture.

A rental-car company getting behind a document of democracy would give us the Dollar Bill of Rights. And each amendment could use an appropriate sponsor—the Time Warner First Amendment, the Smith & Wesson Second Amendment, the Jack Daniel's Fifth Amendment etc. You could have a First Union First Lady, a Hormel habeas corpus, a Pledge Pledge of Allegiance and a John Hancock Declaration of Independence.

Now you try. How about the Lockheed Pentagon or the R.J. Reynolds Department of Agriculture, turning the money full circle?



A firm believer in legwork, Pulitzer Prize winner John Toland traced secretaries, doctors, chauffeurs, military and civilian leaders, and members of the Hitler, Rohm, Ribbentrop, Hess, and Göring families. He drew their stories from them to produce a highly readable, dispassionate, and exhaustive biography of one of the most enigmatic figures of the 20th century. Mr. Toland is interviewed below, and his book, *Adolph Hitler*, is reviewed at right.

By Diana Loercher

Staff correspondent of The Christian Science Monitor

New York
To write his latest book "Adolph Hitler" (Doubleday), historian John Toland interviewed more than 150 people who were close to Hitler, consulted previously unknown or unavailable documents, and unearthed buried information and photographs that replace old myths with hard facts.

The Pulitzer Prize-winning author ("The Rising Sun: The Decline and Fall of the Japanese Empire, 1936-45") has laced his hefty, 1,035-page tome with personal and political, major and minor, revelations about the man whom he describes in the first sentence of his book as "probably the greatest mover and shaker of the twentieth century."

A sampling:

- Hitler was treated by a psychiatrist for hysterical blindness during World War I.
 - Despite his previous denials Albert Speer knew about "the final solution."
 - Hitler feared one of his grandparents was Jewish and carefully worded the Nuremberg Laws to protect himself from this contingency.
 - Konrad Morgan, an SS judge whom Mr. Toland interviewed in Germany and considers "the hero of my book," discovered the "killing camps" in Poland, where the mass extermination of the Jews took place, and succeeded in closing five camps and bringing 800 cases of murder and corruption to trial.
 - Because the news was leaking out, Heinrich Himmler made "secret speeches" to the Wehrmacht generals in 1943 telling them about the killing of the Jews so as to involve them. Within a short time the military, economic, and civil branches of the government — all except the diplomatic corps — knew about the killing camps in Poland.
 - Hitler was the first head of state to promote modern urban planning and anti-pollution devices in cities.
- The feisty, loquacious Mr. Toland, whose enthusiasm for historical accuracy approaches that of a bloodhound on the scent, avoids sensationalism and enjoys "putting pins in balloons." For example, Hitler was neither a house painter nor a sexual deviant. Mr. Toland's favorite debunked myth:

"There's a German idiom, 'chewing the carpet,' which means the same as our 'crawling the walls.' Now when we say Nixon was crawling the walls, he wasn't really, but our reporters and even historians printed that Hitler literally chewed the carpet. The guy was mad, yes, but he didn't chew carpets."

'Ordinary, uninteresting boy'

In his book Mr. Toland attempts to demystify Hitler and understand the man as a historical phenomenon. "Too many people treat him as a joke like Charlie Chaplin did, and that attitude is dangerous. Or if you treat him as a monster it's also like a movie, and you don't believe it . . . I've tried to replace the cartoon 'evil monster' with a human evil monster. You now see him as a person. I don't start him out as a child as a monster. I start him out as a child as if I had never known that he became a monster. . . . The interesting thing to me is how this seemingly ordinary and uninteresting boy develops into this man who almost takes over the universe. And the fact that he was a human being makes it only more horrible."

It is apparent Hitler intrigues Mr. Toland, as he does most of us, not because he was an "evil monster" but because he was an insane genius. It was apparent during our



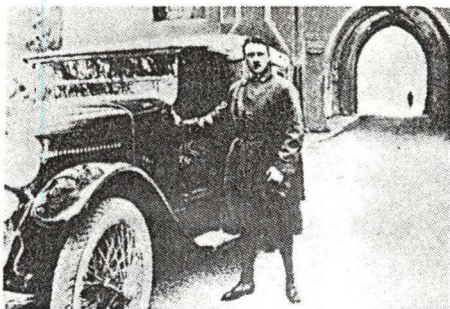
Historian John Willard Toland, whose latest book is titled *Adolph Hitler*, studied at Yale and at Williams College. His books include "The Last Hundred Days," "Battle: Story of the Bulge," and "The Rising Sun." He won Overseas Press Club awards in 1967 and 1970 and the Pulitzer Prize for non-fiction in 1970. He resides in Danbury, Connecticut.

interview that Mr. Toland felt quite ambivalent about Hitler, admiring him on the one hand and loathing him on the other.

The author continued animatedly, "I didn't think he was insane at first. I've written several books about Germany, and I've seen the way he acted at meetings with diplomats and, my gosh, he was so clever. He outmaneuvered all of them. He won all of Europe either by diplomacy or by military means, and the first victories were his, not his generals'. . . . He could be charming and witty; he had a photographic memory . . . and was one of the greatest orators of all time."

Hitler's two drives

But as he progressed with the book Mr. Toland became convinced Hitler was insane and that his anti-Semitism was at the root of his problem. "He had two drives," Mr. Toland said. "One was that he believed his mission in life was to lead Germany back to her former glory and to regain all the Eastern territories lost during World War I. Number



Leaving Landsberg Prison, 1924



Sealing Munich Pact with Chamberlain, 1938

HITLER

His latest bio
author, Jo



Believer in legwork, Pulitzer winner John Toland traced Hitler, doctors, chauffeurs, and civilian leaders, and those of the Hitler, Rohm, Goebbels, Hess, and Goering families. Their stories from them to a highly readable, concise, and exhaustive history of one of the most important figures of the 20th century. Toland is interviewed below, and his book, "Adolph Hitler," is reviewed at right.

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As treated by a psychiatrist for hysterical behavior during World War I. In his previous denials Albert Speer knew about Hitler's role in the Nuremberg Trials.

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two was that he believed it was his duty from God to destroy all Jews."

"A book in which Hitler presented his views on the Jews, 'The Secret Book,' published in 1928, is dismissed by most historians because it's dull," Mr. Toland said. "They don't see under the Nixonian language, where you say one thing and mean something else, that now he's talking about elimination of the Jews. . . ."

"The mistakes he made militarily took place because he thought he was the Messiah sent by God to eliminate the . . . Jews. . . . He never in the world, in his entire life, regretted anything he had done. In fact, if you read his last words he says he is proud of what he has done and says that future generations will 'honor' me. Only a madman could think that."

Mr. Toland states emphatically in the foreword to his book that "Hitler was far more complicated and contradictory than I had imagined." The fact that Hitler actually believed he was doing good makes him such a morally macabre and fascinating figure. Mr. Toland aptly quotes in the same paragraph a character in a novel by Graham Greene who observes, "The greatest saints have been men with more than a normal capacity for evil, and the most vicious men have sometimes narrowly evaded sanctity."

The Hitler tapes

Mr. Toland claims his book has no thesis and that his only conclusions were reached during and after the writing. For example, though he pretends to be neither psychiatrist nor psychohistorian, his discoveries about Hitler have inclined him to agree with Rudolph Binion's theory that connects the painful death of Hitler's mother from cancer while being treated by a Jewish doctor with his virulent anti-Semitism.

Mr. Toland's approach to history is that of an investigative reporter. A firm believer in legwork, he traced secretaries, doctors, chauffeurs, military and civilian leaders, and members of the Hitler, Rohm, Ribbentrop, Hess, and Goering families. He gained their confidence and drew their stories from them. In addition to the fresh material provided by other historians and government sources, the unique contribution of his biography of Hitler, as compared with Alan Bullock's "Hitler, A Study in Tyranny" or William Shirer's "The Rise and Fall of the Third Reich" is that Mr. Toland found these people and persuaded them to talk.

"The inner circle is never really known till afterwards. . . ." Mr. Toland said. "And of course in those days these people wouldn't have talked. I happened to get them at the proper time. . . . I think my book will be very useful to people in future days. That's why I have put my tapes in the Library of Congress. . . . The tapes will be made available as soon as I can arrange it to the satisfaction of the donors."

Mr. Toland is adamant about checking sources, never betraying a confidence, checking his facts, allowing his

sources to make correct issue. A man who clear change, Mr. Toland dismissed much excitement as his.

He explained his thrust put it down. I've been on the intellectuals, because a Japanese ideograph on it says 'cleanse your mind' receptacle so that I do come into my writing. A like an author to lead duty to tell you everything elusions. . . . I keep my

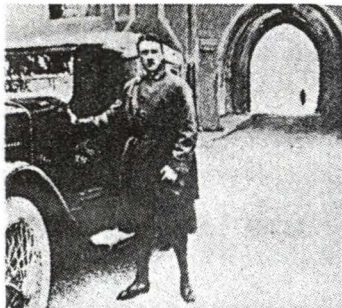
'Stab in the back' it

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Mr. Toland preferred similarities between Hitler events in the U.S., but some rather startling parallels and Nixon's, between the completely to their chie means. . . . Both Hitler right for the country depended on them so anything

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Leaving Landsberg Prison, 1924



Munich Pact with Chamberlain, 1938

HITLER

His latest biography and its author, John Toland



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Photos by Wide W

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sources to make corrections, and presenting all sides of an
 issue. A man who clearly enjoys being interviewed for a
 change, Mr. Toland discusses his method with almost as
 much excitement as his subject.
 He explained his thrust was to "find out everything and
 put it down. I've been criticized by some people, especially
 the intellectuals, because I write without thesis. . . . I have
 a Japanese ideograph over my desk, and I look at it often.
 It says 'cleanse your mind.' I try to make my mind just a
 receptacle so that I don't let my prejudices and myself
 come into my writing. A lot of people don't like that. They
 like an author to lead them on. I don't. I believe it's my
 duty to tell you everything and let you draw your own con-
 -clusions. . . . I keep my opinions to a minimum."
 'Stab in the back' theory
 Despite the objective stance of his book, Mr. Toland does
 of course have his own opinions about Hitler and the Ger-
 -mans. He partly attributes Hitler's rise to power to Ger-
 -many's defeat in World War I.
 "His great political appeal," said Mr. Toland, "was the
 'stab in the back' theory that Germans lost World War I not
 because of the military but because the strikers, the Com-
 -munists, and the Jews back home had stabbed them in the
 back. . . . If it hadn't been for that state of mind Hitler
 couldn't have seized upon it. This was a nation thrown down
 to the bottom, a strong, proud, intelligent, hard-working
 people, and this madman just happened to get control of
 them. It was a tremendous stroke of ill luck for the world.
 "I don't think that anyone but Hitler could have done it.
 I've never seen in my study of history where one man
 really moved history. . . . If there had not been Hitler there
 would not have been a Nazi party, there never would have
 been a final solution, there never would have been a war, I
 believe. The chances of this ever happening were one in a
 trillion trillion. And the fact that this one gifted madman
 should come into power at the same time that he had the
 possibility of eliminating all these people and of changing
 the world — the odds against it are unbelievable."
 Mr. Toland preferred not to comment directly on sim-
 -ilarities between Hitler's regime and on recent political
 events in the U.S., but he did go so far as to say, "I found
 some rather startling parallels between Hitler's inner circle
 and Nixon's, between the supreme patriots who are devoted
 completely to their chief and believe the end justifies the
 means. . . . Both Hitler and Nixon knew that they were
 right for the country and that the country absolutely de-
 -pendent on them so anything they did was justified. . . .
 "I don't think that a great man has to be ruthless. This
 has been a fallacy in American policy that ruthlessness is a
 must. Our presidents have been too powerful in the first
 place. I think we should have more of a chairman type. The
 trouble is that this whole myth about power corrupting is
 correct. I've seen it happen to such nice people. . . .
 There's a lurking Nazi in all of us. There's a lurking Hitler
 in the world. . . . To me the book is a cautionary tale be-
 -cause . . . so many people have forgotten Hitler."

Best view to date of Hitler's life

Adolf Hitler, by John Toland. New York: Doubleday & Co. 1,035
 pp. \$14.95.

By Joseph G. Harrison

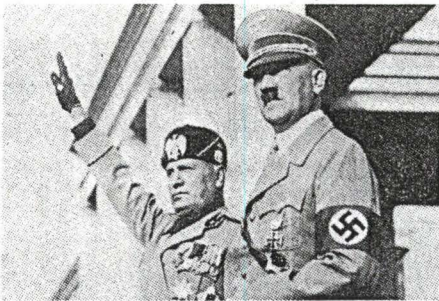
We shall never have a definitive biography of Adolf Hitler. Ab-
 -solutely first-rate ones, yes (of which John Toland's is an admir-
 -able and outstanding example). But definitive, no. Hitler was too
 inextricably complex, too confusingly contradictory, too soaringly
 visionary at one moment and appallingly ruthless at the next — in
 short, too overtoweringly deviant from the human norm ever to
 be satisfactorily pinned down by pen.
 The best we can look for is a gradual accumulation of judg-
 -ments and reports which can help us put Hitler and the National
 Socialist movement in a little clearer and deeper perspective in
 the hope that mankind can learn thereby.
 Almost a century before Hitler assumed power in 1933 the sen-
 -sitive German-Jewish poet Heinrich Heine wrote: "German thun-
 -der is truly German; it takes its time. But it will come, and when
 it crashes it will crash as nothing in history crashed before. . . .
 A drama will be performed which will make the French Revolution
 seem like a pretty idyll. . . . Never doubt it, the hour will
 come."
 When it came it indeed was the single greatest crashing in
 world history. Not the decline of the Roman Empire, not the in-
 -vasion of the Huns, not the devastation of the 14th century's Black
 Death can be compared with the continents-convulsing effects
 wrought by that one disastrously warped but extreme genius. For,
 never doubt, Adolf Hitler was an evil genius, however much we
 loathe the burden of his deeds. Speaking of the qualities which
 gave Hitler "the mastery of all discussions," an Oxford-educated
 German statesman who knew him well spoke of "his infallible
 memory, which enabled him to answer with the utmost precision
 questions on the remotest problems under consideration; his pres-
 -ence of mind in discussions; the clarity with which he could re-
 -duce the most intricate question to a simple — sometimes too
 simple — formula; his skill in summing up concisely the results of
 a long debate; and his cleverness in approaching a well-known
 and long-discussed problem from a new angle."
 To these qualities were added an undeflectable will, mesmeric
 oratorical skill, the power to shut out all concepts which con-
 -flicted with his own, an almost uncanny ability to perceive the
 mental state of an individual or a multitude, and a personal mag-
 -netism dominating almost all who met with him. Of him the well-
 -known and liberal American economist J. Kenneth Galbraith said
 as late as 1973, "Hitler also anticipated modern economic policy."
 And we know that as far back as 1924 Hitler had said that an ef-
 -fective way to cut unemployment would be to construct a national
 road network and mass-manufacture a small economical car,
 ideas which resulted in Germany's famous autobahns and the
 Volkswagen.
 Patriotism has been termed "the last refuge of scoundrels,"
 but in Hitler's case it was the first. In his twenties as a soldier in
 the German Army, his colonel wrote of him: "There was no cir-
 -cumstance or situation that would have prevented him from vol-
 -unteering for the most difficult, arduous and dangerous tasks and
 he was always ready to sacrifice life and tranquillity for his Fa-
 -therland and for others." For it was the perversion of these other-
 -wise admirable qualities which led him to the twinned malign
 convictions that Germany had the right to expand at its neighbor's
 expense and that "the Jew lives and serves his own law but never
 that of the people or the nation where he has become a citizen."
 Although more than 30 years have passed since Hitler com-
 -mitted suicide in his Berlin bunker, the world owes it to its own
 safety and sense of decency to try to understand how such a
 scourge as Nazism could have fallen upon mankind. John Toland's
 biography is the best such source of information and judgment we
 have had to date. Dispassionate in spirit, exhaustive in detail (it
 runs to some 450,000 words), smoothly readable, it spreads Hit-
 -ler's life, his actions, his words before one, leaving it to the
 reader to draw his own conclusions. Thus the book is not a dia-
 -tribe — beyond the more than sufficient condemnation which stem
 from Hitler's own deeds and words. Nor does the author avail
 himself of the almost limitless possibilities for psychological and
 pathological judgment. Yet the material is there in abundance for
 whoever wishes to probe more deeply into Hitler's inner mental
 recesses.

Joseph Harrison served as managing editor and chief edi-
 -torial writer during a Monitor career spanning four decades.

ER why and its Toland



With Goering during the war



With Il Duce, Benito Mussolini

Photos by Wide World Photos, Alex Gotfryd, AP, and Keystone

man whom it implicitly excoriates. George B. Hartzog Jr., 52, director of the National Park Service. Hartzog is known as a consummate politician, the last high-ranking Democrat in the Nixon Administration. Since his appointment in 1964, he has persuaded Congress to add 2.5 million acres to the national park system.

In his eyes, the report focuses too narrowly on preservation. "Congress also mandated the Service to preserve lands for the enjoyment and benefit of the people," he told TIME Correspondent Bonnie Angelo last week. "Unless you are prepared to walk into parks with a pack on your back, Congress intended that there should be roads. The real crunch coming in this country is to articulate an environmental ethic to guide corporate and human conduct—and this speaks basically to the issue that man is part of his environment. The practical problem is that we know exactly how many elk a park can handle ecologically, but not how many people. I have said 'No more physical facilities' until I find out the answer."

At week's end, the 500 experts attending the conference settled into the Grand Tetons Lodge for a five-day debate on just that: how to bring urban man and unspoiled nature into some sort of balance.

Pullman's Lot

Donald E. Pullman, a home-improvement contractor, is facing a herculean labor. In the dead of several nights, someone dumped some 8,000 worn-out automobile tires on his one-acre building lot in Herndon, Va., near the Fairfax-Loudoun county line. The authorities threatened Pullman with a jail sentence or a \$300 fine for operating an illegal dump unless he quickly got rid of them.

Easy, thought Pullman at first. He would simply give them to Fairfax County for landfill. "We're all sympathetic," said the county engineer. "But tires don't make good material. Unless they're chopped up, they keep coming to the surface after being buried." It just so happens that the county does not have a tire-shredding machine, and would charge Pullman 50¢ per tire to remove them or \$4,000 for the lot.

Pullman soon grew desperate. He discovered that the county's air-quality laws forbid burning tires and that the "carcasses," as they are called, were much too old to give away to any tire-recapping firm. It occurred to him to pay the \$300 fine and turn the tires over to the county. But the local judge has suspended the fine because the county does not know what to do with the tires either. "Everything I've looked into is illegal or expensive," sums up Pullman.

His only consolation to date is that he is not alone. According to the Institute of Solid Waste, there are about 200 million old tires lying around the U.S. countryside.

The Two Hitlers

First he poisoned his favorite dog Wolf. Then he took his new wife to his private quarters and sat down on a sofa beside her. Before them was a coffee table on which were a vase of roses, a vial of cyanide and his 7.65 Walther automatic pistol. He did not use the gun. Instead he swallowed the cyanide, and as he struggled for air, his wife shot him in the left temple with her own weapon, a 6.35 Walther. Then she poisoned herself.

According to Williams College Historian Robert G.L. Waite, that is how

UPI



ADOLF HITLER IN 1940
Germany was his bride.

Adolf Hitler and Eva Braun died in Berlin in 1945. Their bizarre deaths came as no surprise to Psychoanalyst Walter Langer. Two years earlier, he had predicted the German leader's suicide in a secret study prepared at the request of the Office of Strategic Services. Intended as an aid to Allied war planners, the study was classified "secret" and tucked away in the National Archives for years. Now it has been declassified and will be published this week as *The Mind of Adolf Hitler* (Basic Books; \$10). In a postscript to the book, Waite praises Langer's use of psychoanalytic principles to investigate Hitler's psyche. The technique, he says, led not only to predictions of uncanny accuracy but to insights never provided by historians relying on traditional research methods.

Langer, who is now retired and living in Florida, tapped three major sources: he conducted exhaustive interviews with people who had known Hit-

ler; he used "The Hitler sourcebook" (1,100 pages of biographical data compiled by three analytically trained assistants); and he carefully studied *Mein Kampf*. His conclusion: Hitler was "probably a neurotic psychopath bordering on schizophrenia," or, in simpler terms, the Führer was not insane but was emotionally sick and lacked normal inhibitions against antisocial behavior. A desperately unhappy man, he was beset by fears, doubts, loneliness and guilt, and spent his whole life in an unsuccessful attempt to compensate for feelings of helplessness and inferiority.

Although Hitler tried to portray his early years as serene, Langer postulated from Hitler's character and writings that his father must have been a drunken, menacing brute. (Interviews in the 1950s with neighbors of the Hitler family substantiated this professional hunch, Historian Waite reports.) Because children view the universe in the light of their home experience, Hitler probably saw the whole world as "extremely dangerous, uncertain and un-

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ADOLF HITLER PLAYS WITH HIS DOG
He begged Rene to kick him.

just." This was the origin of his sense of powerlessness.

Even more devastating to Hitler was a feeling of inferiority that stemmed in part from sexual difficulties. Hitler was tormented by fear of genital injury.* He was uncomfortable with women and often said he would never marry because Germany was his only bride. Though Hitler was "probably impotent," Lang-

*What Langer could not know when he made his study was that Hitler's genitals were malformed. After an autopsy in 1945, Russian doctors reported that "the left testicle could not be found, either in the scrotum or on the spermatic cord inside the inguinal canal, or in the small pelvis." Such a deformity is not uncommon and has no important physiological consequences, but it causes serious emotional disturbances in some men.

er found no reliable evidence of overt homosexuality. "His perversion," Langer wrote, "is an extreme form of masochism in which the individual derives sexual gratification from having women urinate or defecate on him."

One woman claimed to have shared a perverse relationship with Hitler: his niece, Geli Raubal. Their liaison caused much gossip and ended in Geli's mysterious death—perhaps by her own hand, perhaps by Hitler's. At least one other woman admitted to firsthand experience of Hitler's masochism, though in a less extreme form. The actress Rene Mueller told her director that on an evening when she had expected to have intercourse with Hitler, he instead threw himself on the floor, begged her to kick him and became excited when she finally complied. Rene later killed herself. According to Langer, Eva Braun tried twice to take her life before her final successful attempt, and another Hitler intimate, Unity Mitford, also tried suicide. "Rather an unusual record for a man who has had so few affairs with women," Langer wryly observed.

At first Hitler accepted his fate passively. In Vienna before World War I, he could have supported himself modestly by painting watercolors, but he chose to live in poverty, sleep in flophouses, and beg for money on the street. "He seemed to enjoy being dirty and even filthy," Langer said. After the defeat of Germany in World War I, Hitler began to feel it his mission to lead his country to greatness, and he invented a new personality for himself that was strong enough to do it. This "Führer personality," Langer noted, "is a grossly exaggerated and distorted conception of masculinity" and "shows all the earmarks of a reaction formation created unconsciously as a cover-up for deeplying tendencies that he despises."

Hitler found a second way of freeing himself from these tendencies: he attributed them, along with everything else that he hated and feared, to the Jews. The Jew became a symbol of sex, disease, his perversion—and even the tormenting guilt that perversion caused him. Conscience, he ranted, was "dirty and degrading," "a Jewish invention," and "a blemish like circumcision." For Hitler, Langer wrote, getting rid of Jews means getting rid of his own unconscious inner difficulties.

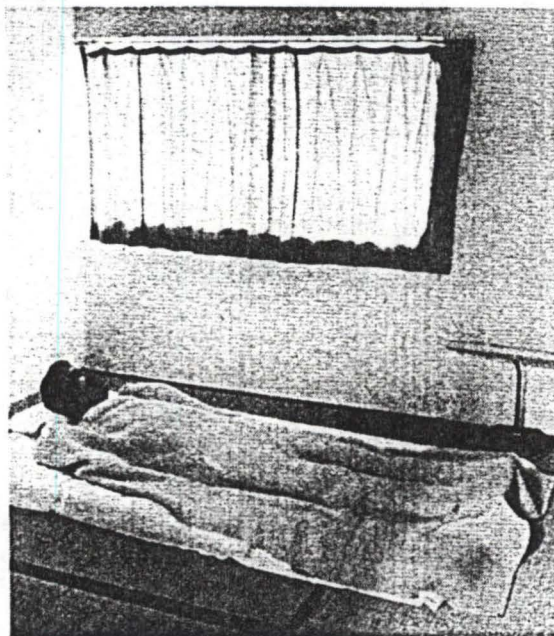
To Langer, the difference between Hitler and other psychopaths was "his ability to convince others that he is what he is not." He could never quite convince himself, however, because the Führer personality never permanently supplanted his old self. Hitler, Langer said, "is not a single personality but two that inhabit the same body. The one is very soft and sentimental and indecisive. The other is hard, cruel and decisive. The first weeps at the death of a canary; the second cries that 'there will be no peace in the land until a body hangs from every lamppost!'"

That duality led to the horrible ex-

cesses that occurred in Nazi Germany's twilight. "As Germany suffers successive defeats, Hitler will become more and more neurotic," Psychoanalyst Langer warned the OSS. "Each defeat will shake his confidence and limit his opportunities for proving his own greatness to himself. He will probably try to compensate for his vulnerability by stressing his brutality and ruthlessness."

Langer's 1943 prediction is a description of what actually happened in 1945, Historian Waite writes. As it became increasingly evident that Hitler could not vanquish the Allies, "he manufactured ruthless 'victories' over the Jews in the gas ovens." At the same time, he vowed to destroy Germany itself. "Not a German stock of wheat is to feed the enemy," cried a Hitler-approved editorial, "not a German hand to offer him help. He is to find nothing but death, annihilation and hatred."

T. TANUMA



UNDERGOING MORITA THERAPY

Four-Walls Treatment

Just as a country's artistic and social institutions usually reflect its particular outlook on life, the kind of psychotherapy that is practiced in a nation often expresses its characteristic philosophy. Morita therapy,* for instance, is a uniquely Japanese creation. Last month many Westerners heard about it for the first time when Psychiatrist Nozaki Shinfuku described it at a psychological convention in Tokyo.

The treatment is most often used for a group called the *shinkeishitsu* (nervous ones), who suffer from anxieties, phobias, obsessional states and hypochondria. Hospitalized for a month or so, a patient spends the first week in an "isolation hell," lying in bed doing nothing except "facing his sufferings all day long." During the second week, he does

*Named for the late Shōma Morita, the Tokyo psychiatrist who developed it.

light work such as gardening or sweeping. In the third he undertakes harder physical tasks, and in the fourth he begins to go out into society, perhaps to shop or just walk around.

Even during the isolation stage, a doctor or aide is always at hand. He tries to avoid conversation, but maintains contact with the patient through "personal communication beyond words." Explains Psychiatrist Shinfuku: "Buddha was silent. Kasho [one of Buddha's disciples] heard nothing, and yet he apprehended all."

The doctor also makes written responses to a diary that the patient keeps. If a patient writes, "I worked well today," the doctor may respond, "I am not sure you worked well, yet work is important. Try to work only for the sake of working." Or if the *shinkeishitsu* writes, "I can't believe I am getting better," his psychiatrist may advise, "When you are not sure, please suffer—don't try to get rid of the suffering."

In fact, one of the main aims of the treatment is to persuade the patient not to try to eradicate his symptoms by force of will. Instead he is encouraged to establish "control without control." The idea is not to understand the symptoms and their origins in the Freudian sense, or even necessarily to get rid of them. As one Japanese explains: "Once you are friendly with your symptoms and accept them as a reality, you find yourself cured—able to function—whether or not you still have them."

According to Shinfuku, Morita therapy has brought about this kind of cure for thousands of Japanese neurotics. Typical of those who have been helped is a high

school girl unable to study because irrelevant ideas kept crowding into her mind. But after two months' treatment by Shinfuku, she was well: "There were still many ideas in her mind that were irrelevant to her studying, but nevertheless she was able to study."

In Shinfuku's view, "Morita therapy is superior to other treatments for this type of patient," and should be added to the long list of Japanese exports to the rest of the world. Some Westerners suggest that Morita might be appropriate for the increasing number of Americans who are attracted to contemplative philosophies like Zen Buddhism. Others believe that the method can work only with Oriental patients, whose culture fosters not active struggle against the world but passive acceptance of things as they are. In fact, say some psychiatrists, the increasing Westernization of Japan may make Morita decreasingly effective even there.

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HITLER IS SAID TO HAVE COMMITTED SUICIDE BY CHALLENGING A STAINED CAPSULE AND SHOOTING HIMSELF IN THE HEAD. THERE IS A BULLET HOLE IN THE SKULL AND THERE IS EVIDENCE THAT THE SKULL WAS OPENED FOR AN AUTOPSY.

HAMILTON ESTIMATED THAT IF IT REALLY HAD HITLER'S SKILL, IT WOULD BE WORTH AT LEAST \$100,000 TO A COLLECTOR. ASKED WHY ANYONE WOULD WANT IT, HAMILTON REPLIED: "HITLER IS THE SUPREME CRIMINAL OF ALL TIMES. HE PUT NERVOUS HEADS HE PUT CALIGULAE CALIGULA. THEREFORE HE IS A MOST FASCINATING MAN."

THE GROWING SCIENTIFIC ANALYSIS OF THE SKULL ILLUSTRATES HOW DENTISTRY, ANTHROPOLOGY AND PATHOLOGY HAVE JOINED FORCES IN CONTEMPORARY MEDICAL EXAMINERS' OFFICES IN MAJOR CITIES.

THE ANTHROPOLOGIST APPLIES HIS KNOWLEDGE IN AN EFFORT TO DETERMINE AGE, SEX AND RACE; USING THE BODY'S MORE THAN 200 BONES ALMOST LIKE FINGERPRINTS TO OBTAIN CLUES TO IDENTIFICATIONS. THE DENTIST TRIES TO USE DENTAL RECORDS AND THE CHARACTERISTICS OF TEETH TO MUCH THE SAME END; AND THE PATHOLOGIST IS PRIMARILY CONCERNED WITH THE CAUSE OF DEATH.

HAMILTON BOUGHT TO AUTHENTICATE THE SKULL BY CONSULTING THREE
EXPERTS: CLYDE S. SNOW, A FORENSIC ANTHROPOLOGIST; LOWELL M. LEVINE,
A FORENSIC DENTIST; AND MICHAEL M. SODEN, A FORENSIC PATHOLOGIST WHO
IS DEPUTY CHIEF MEDICAL EXAMINER OF NEW YORK.

THE THREE EXPERTS EXAMINED THE SKULL DURING A BREAK IN THE RECENT
Forensic Sciences Symposium at New York University. They agreed not
only that it was not Hitler but that it was not even what the Nazis
called "German".

THE EXPERTS SAID THE SKULL APPEARED TO BE THAT OF AN ORIENTAL. TWO OF THEM NOTED THAT IT HAD CERTAIN CHARACTERISTICS THAT MADE IT LOOK ALMOST FEMALE, SUCH AS A FLATTENING OF THE BROW AREA. THEY FINALLY AGREED, HOWEVER, THAT IT WAS THE SKULL OF A MALE.

FOR THE ANALYSIS OF THE "HITLER CRUEL," LEVINE, A FORENSIC
CONSULTANT TO BOTH THE NEW YORK CITY AND NASSAU COUNTY DISTRICT
ATTORNEYS, ORDERED HITLER'S BATH TUB, WHICH WAS OBTAINED FROM A

PERIOD BY HUGO JOHANNES BLASCHKE, STATIONER GENERAL IN THE NORTH
EAST, WHO WAS HITLER'S DENTIST FROM 1934 UNTIL 1945.

BLASCHKE LEFT BEHIND NOTES AND SKETCHES OF THE INSIDE OF HITLER'S
MOUTH INDICATING THAT THE DICTATOR HAD A SEVERE PERIODONTAL DISEASE
AND A GREAT MANY ENTRIES OF HIS MANY OTHER TEETH BEING BORING HAZARD.
"THEY WERE VERY FOND OF SWEETS AND WHIPPED CREAM," EXPLAINED
BLASCHKE. HITLER ALSO HAD GOLD BRIDGEWORK MADE BY BLASCHKE. THE
BRIDGEWORK WAS PERMANENT.

HITLER HAD DENTAL PROBLEMS THROUGHOUT THE PERIOD WITH BLASCHKE WHEN
HIS TREATMENTS WERE VERY HARD TO STAY OUT. BLASCHKE BECAUSE
HITLER HAD VERY LITTLE PAIN FOR THEM.

IN CONTRAST, THE SKULL SENT TO HAMILTON HAD VERY GOOD TEETH AND NO
BRIDGEWORK. HOWEVER, THE FRONT INCISORS WERE SLIGHTLY CHIPPED,
SUGGESTING THAT THE SKULL WAS MONGOLOID, NOT CAUCASOID. "THERE IS NO
WAY THESE TEETH CAN BE HITLER'S," BLASCHKE SAID.

BRON, WHO FOR 24 YEARS WAS CHIEF OF PHYSICAL ANTHROPOLOGY FOR THE
FEDERAL AVIATION ADMINISTRATION AND WHO HAD BEEN ASKED TO IDENTIFY
MANY PLANE CRASH VICTIMS, NOTED THAT THE LOWER PORTION OF THE JAW OF
THE SKULL WAS "NOT TYPICALLY CAUCASOID" AND THAT THE PERSON MAY
HAVE BEEN ORIENTAL OR OF AN ORIENTAL NEGRO MIX. HE SAID THAT THE BROW
AREA WAS WELL ENOUGH DEFINED FOR HIM TO CONCLUDE THAT IT WAS THE
SKULL OF A MAN.

BRON NOTED THAT THE BULLET HOLE WAS IN THE TEMPLE, WHEREAS HITLER
HAD SAID TO HAVE SHOT HIMSELF IN THE MOUTH. BRON WENT OVER THE
SOVIET AUTOPSY REPORT, HOWEVER, AND SAID HE WAS SURPRISED TO LEARN
THAT THE RUSSIANS HAD MISSED THE BULLET WOUND AND ATtributed DEATH
ONLY TO THE GYRANICE. AFTER HITLER DIED, AN AIDE HAD SAID TO HAVE
TRIED TO BURN THE BODY BEYOND RECOGNITION WITH GASOLINE, AND THE
SKULL HAD GREATLY CHANGED, WHICH WOULD HAVE MADE THE BULLET HOLE MORE
DIFFICULT TO FIND.

BRON COULD FIND NO EVIDENCE OF CHIPPING ON THE SO-CALLED HITLER SKULL.
HE SUSPECTS THAT THE SKULL, WHICH CONTAINS SOME EVIDENCE OF FRACTURE
OF PARROT, WAS ONCE USED AS AN ANATOMICAL SPECIMEN FOR STUDENTS.

ACCORDING TO A LETTER THAT HAMILTON RECEIVED FROM OTTO ANSCHUTZ TO
PERSUADE HIM THAT THE SKULL WAS REALLY HITLER'S, THE SPECIMEN WAS NOT
ORIGINALLY SAVED TO MAKE MONEY, BUT TO GIVE IT AN "HONORABLE" PLACE.
"HITLER WAS A GOD FOR THEM, A HOLINESS THEY BELIEVED IN," THE
LETTER SAID. HAMILTON HAD WRITTEN TO ANSCHUTZ ABOUT THE EXPERTS'
ANALYSIS BUT SAID THAT HE PROBABLY WILL BE ABLE TO SELL THE ALLEGED
HITLER SKULL ANYTIME AS A PHONY. HE BELIEVED THAT IT MIGHT BE WORTH
ABOUT \$300.

HAMILTON SAID THERE IS CONSIDERABLE DEMAND FOR THE RELICS OF FAMOUS
PEOPLE OF THE PAST. HE RECENTLY SOLD A LOCK OF FRANK SCHUBERT'S HAIR
FOR \$650. HE FEELS THAT HE COULD GET \$250,000 FOR CHARLES MARX'S
SKULL AND \$2 MILLION FOR THE SKULL OF JULIUS CAESAR, IF EITHER WERE
AVAILABLE. HE REGARDS INTEREST IN SUCH THINGS AS "A WHOLE NEW
BUSINESS."

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